

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: *Purple*

STATUS: *Student*

DATE OF OCCURANCE: *4-19-2012*

TIME: *10:20*

LOCATION OF INCIDENT: *Hallway, 2nd Floor outside Purple room*

NOTIFICATIONS BY STAFF:

Teacher: *Scott Bylow*

Date: *4-19-2012*

Time: *10:30*

Administrator: *Mr. Mark Lafferty*

Date: *4-19-2012*

Time: *10:30*

Parent/Guardian Called: ☒ YES ☐ NO

Date: *4-19-2012*

Time: *10:45*

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☒ Increased Supervision

☒ Block

☒ Physical Intervention:

Type:

☒ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/ER*

☐ Other:

INCIDENT SOURCE:

☐ Bite

☐ Bumped Into

☐ During Transport

☒ Head Butt

☐ Heat

☐ Hair Pull

☒ Hit/Slap

☐ Insect

☐ Object

☒ Kick

☐ Pinch

☐ Scratch

☐ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

INJURY TYPE: (Mark all that apply)

☐ Bite

☐ Blister

☐ Cut

☐ Ingestion

☐ Bruise

☐ Chafed/Cracked

☐ Insect Bite/Sting

☐ Irritation/Rash

☐ Pinch Mark

☐ Scrape

☐ Scratch

☐ Burn

☐ Pressure Mark

☐ Redness

☐ Other (Please Specify):

LOCATION OF INJURY (side of body, area on body):


DESCRIPTION OF INCIDENT (prior events and/or contributing factors): *The student arrived to school late from a therapy appointment. Upon arrival, the student was found in possession of multiple sheets of coloring pages. The student was made aware that the pictures would be confiscated and would be taken away from him. The student refused and became upset. When the pictures were taken from him he punched at Mr. Scott with a closed fist and attempted to hit him in the face. These attempts were blocked and the student needed to be restrained and taken to the safe room. In the safe room, the student continued to kick, punch and bite at Mr. Scott. The student was placed in the corner of the safe room until Mr. Lafferty arrived. The student's foster parent was called and it was determined that the pictures he*

possessed were stolen from his visit to his therapist.

Witnesses: *Mr. Jim Jones*

NAME: *Mr. Scott Bylow*

POSITION: *Intervention Specialist*

SIGNATURE: 

DATE: *4-19-2012*

WAS FIRST AID GIVEN?: SIGNATURE OF PERSON WHO PROVIDED FIRST AID:	IF YES , WHAT AND BY WHOM: DATE:
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: ADMINISTRATION SIGNATURE:	DATE:

[Handwritten signature]

DATE: *4/22/12*

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ **DATE:** _____
Employee Signature

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: *Purple*

STATUS: *Student*

DATE OF OCCURANCE: *3/9/2012*

TIME: *13:00*

LOCATION OF INCIDENT: *Gymnasium*

NOTIFICATIONS BY STAFF:

Teacher: *Scott Bylow*

Date: *3/9/2012*

Time: *15:45*

Administrator: *Mr. Mark Lafferty*

Date:

Time:

Parent/Guardian Called: ☒ YES ☐ NO

Date: *3/9/2012*

Time: *13:45*

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☒ Increased Supervision

☒ Block

☒ Physical Intervention:

Type:

☒ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/ER*

☐ Other:

INCIDENT SOURCE:

☐ Bite

☐ Bumped Into

☐ During Transport

☐ Head Butt

☐ Heat

☐ Hair Pull

☒ Hit/Slap

☐ Insect

☐ Object

☒ Kick

☐ Pinch

☐ Scratch

☒ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

INJURY TYPE: (Mark all that apply)

☐ Bite

☐ Blister

☐ Cut

☐ Ingestion

☐ Bruise

☐ Chafed/Cracked

☐ Insect Bite/Sting

☐ Irritation/Rash

☐ Pinch Mark

☐ Scrape

☐ Scratch

☐ Burn

☐ Pressure Mark

☐ Redness

☐ Other (Please Specify):

LOCATION OF INJURY (side of body, area on body):

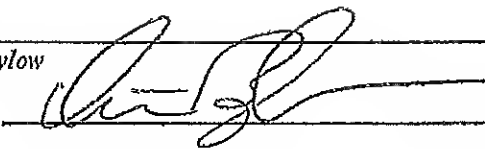
DESCRIPTION OF INCIDENT (prior events and/or contributing factors): *The student became upset at another staff because he wasn't catching the football. The student (football) tackled the staff member when the staff member had his back turned. The student was then asked to sit in a chair until he was calm. The student sat for a short period of time and then attempted to throw a desk at another staff member. The student was quickly restrained by holding his arms at his side and was escorted to the safe room.*

Witnesses: *Mr. Troy Estes, Mr. Jaymond Palacio*

NAME: Mr. Scott Bylow

POSITION: Intervention Specialist

SIGNATURE:



DATE:

3/9/2012

WAS FIRST AID GIVEN?: <i>no</i> SIGNATURE OF PERSON WHO PROVIDED FIRST AID: 	IF YES, WHAT AND BY WHOM: DATE:
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: ADMINISTRATION SIGNATURE: <i>[Signature]</i>	DATE: DATE: <i>3/2/12</i>

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ *Employee Signature* **DATE:** _____

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL [REDACTED]

CLASSROOM: *Purple*

STATUS: *Student*

DATE OF OCCURANCE: *1/5/2012*

TIME: *14:30*

LOCATION OF INCIDENT: *Purple Room*

NOTIFICATIONS BY STAFF:

Teacher: *Scott Bylow*

Date: *1/5/2012*

Time: *14:45*

Administrator: *Mrs. Lindsey*

Date: *1/5/2012*

Time: *15:00*

Parent/Guardian Called: ☒ YES ☐ NO

Date: *1/5/2012*

Time: *14:45*

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☒ Increased Supervision

☒ Block

☒ Physical Intervention:

Type:

☒ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/ER*

☐ Other:

INCIDENT SOURCE:

☐ Bite

☐ Bumped Into

☐ During Transport

☐ Head Butt

☐ Heat

☐ Hair Pull

☒ Hit/Slap

☐ Insect

☐ Object

☒ Kick

☐ Pinch

☒ Scratch

☐ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

INJURY TYPE: (Mark all that apply)

☐ Bite

☐ Blister

☐ Cut

☐ Ingestion

☐ Bruise

☐ Chafed/Cracked

☐ Insect Bite/Sting

☐ Irritation/Rash

☐ Pinch Mark

☐ Scrape

☐ Scratch

☐ Burn

☐ Pressure Mark

☐ Redness

☐ Other (Please Specify):

LOCATION OF INJURY (side of body, area on body):

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): *The student refused to do his work at the end of the day and began to swear at staff and say derogatory/sexually explicit statements. When approached by Mr. Jim to be taken to the hall he attempted to kick and punch him. These attempts were blocked and Mr. Scott helped Mr. Jim escort him to the hall where he could complete his work. In the hall he slipped over a desk and again attempted to kick and punch staff. He continued to say sexually explicit statements to staff and was then escorted to speak to an administrator. Mr. Lafferty was not available so he was then escorted to the safe room where he could calm. Prior to entering the safe room, the student's shoes and belt were removed as he has attempted to break the lights in the safe room in the past with these items. The student continued to kick at staff during this process. Finally, he was left in the safe room to calm where he continued*

to swear at and say sexually explicit remarks to staff.

Witnesses: *Mr. Jim Jones*

NAME: *Mr. Scott Bylow*

POSITION: *Intervention Specialist*

SIGNATURE: 

DATE: *1/5/2012*

WAS FIRST AID GIVEN?: *No*

IF YES, WHAT AND BY WHOM:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

ADMINISTRATION SIGNATURE:

DATE:

1/5/12

[Signature]

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care:

DATE:

[Signature]
Employee Signature

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: *Purple*

STATUS: *Student*

DATE OF OCCURANCE: *11/7/2011*

TIME: *14:55*

LOCATION OF INCIDENT: *2nd floor hallway*

NOTIFICATIONS BY STAFF:

Teacher: *Scott Bylow*

Date:

Time:

Administrator: *Mrs. Lindsey Fischer*

Date: *11/7/2011*

Time: *15:00*

Parent/Guardian Called: ☒ YES ☐ NO

Date: *11/7/2011*

Time: *15:30*

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☒ Increased Supervision

☐ Block

☒ Physical Intervention:

Type:

☒ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/ER*

☐ Other:

INCIDENT SOURCE:

☒ Bite

☐ Bumped Into

☐ During Transport

☐ Head Butt

☐ Heat

☐ Hair Pull

☒ Hit/Slap

☐ Insect

☐ Object

☒ Kick

☐ Pinch

☒ Scratch

☐ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

INJURY TYPE: (Mark all that apply)

☐ Bite

☐ Blister

☐ Cut

☐ Ingestion

☐ Bruise

☐ Chafed/Cracked

☐ Insect Bite/Sting

☐ Irritation/Rash

☐ Pinch Mark

☐ Scrape

☐ Scratch

☐ Burn

☐ Pressure Mark

☐ Redness

☐ Other: (Please Specify):


LOCATION OF INJURY (side of body, area on body):

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): *The student was being escorted out of the room for not following directions, cursing and saying sexually explicit language. As PT was being escorted out of the room by Mr. Scott and Mr. Jim, PT attempted to hit/kick and bite Mr. Jim. PT's head was physically pulled away from Mr. Jim's body to avoid injury to Mr. Jim. The student was taken to the safe room where he could calm. Mrs. Fischer was notified immediately.*

Witnesses: *Mr. Jim, Mr. Jay*

NAME: *Scott W. Bylow*

POSITION: *Intervention Specialist*

SIGNATURE: 

DATE: *11/7/2011*

WAS FIRST AID GIVEN?: SIGNATURE OF PERSON WHO PROVIDED FIRST AID:	IF YES , WHAT AND BY WHOM: DATE:
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: ADMINISTRATION SIGNATURE:	DATE:

[Handwritten Signature]

11/8/11

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care;

Employee Signature

DATE:

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: _____

STATUS: StudentDATE OF OCCURANCE: 10/5/11 TIME: 15:05LOCATION OF INCIDENT: Outside

INTERVENTION(S) USED:

- ☒ Verbal Redirection
☒ Environmental Change
☒ Increased Supervision
☐ Block
☐ Physical Intervention:
 Type: _____
☐ Behavior Plan Followed
 Minutes: _____
☐ Medical Assist/First Aid
☐ Hospital/ER*
☐ Other: _____

NOTIFICATIONS BY STAFF:

Teacher: ☒ Date: 10/5/11 Time: 15:30
 Administrator: ☒ Date: 10/5/11 Time: 15:15
 Parent/Guardian Called: ☒ YES ☐ NO Date: 1/1 Time: _____

INCIDENT SOURCE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: _____ | |

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

LOCATION OF INJURY (side of body, area on body): _____

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

The student was outside helping pull weeds. They were instructed not to step on the spider, but the student proceeded to step and stomp on the spider and all over the garden. The student was redirected inside where he became aggressive and proceeded to knock things off other students' desks and threw water bottle at staff causing it to open. The staff then took the student to the safe room and it was time to go home.

Witnesses: _____

NAME: James JonesPOSITION: Para professionalSIGNATURE: [Signature]DATE: 10/5/2011

WAS FIRST AID GIVEN?: _____ IF YES, WHAT AND BY WHOM: _____

SIGNATURE OF PERSON

WHO PROVIDED FIRST AID: _____ DATE: 1/1

SIGNATURE OF PERSON
WHO COMPLETED FORM:

DATE: 1/1/11

ADMINISTRATION SIGNATURE:

Mr. R. L. L. L.

DATE: 10/5/11

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care:

DATE:

Employee Signature

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: Purple

STATUS: Student

DATE OF OCCURANCE: 9/15/2011

TIME: 12:30

LOCATION OF INCIDENT: Classroom

NOTIFICATIONS BY STAFF:

Teacher: Scott Bylow

Date: 9/15/2011

Time:

Administrator: Mr. Mark Lafferty

Date: 9/15/2011

Time: 13:20

Parent/Guardian Called: ☒ YES ☐ NO

Date: 9/15/2011

Time: 13:20

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☒ Increased Supervision

☒ Block

☐ Physical Intervention:

Type:

☒ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/ER*

☐ Other:

INCIDENT SOURCE:

☐ Bite

☐ Bumped Into

☐ During Transport

☐ Head Butt

☐ Heat

☐ Hair Pull

☒ Hit/Slap

☐ Insect

☐ Object

☐ Kick

☐ Pinch

☐ Scratch

☐ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

INJURY TYPE: (Mark all that apply)

☐ Bite

☐ Blister

☐ Cut

☐ Ingestion

☐ Bruise

☐ Chafed/Cracked

☐ Insect Bite/Sting

☐ Irritation/Rash

☐ Pinch Mark

☐ Scrape

☐ Scratch

☐ Burn

☐ Pressure Mark

☐ Redness

☐ Other (Please Specify):

LOCATION OF INJURY (side of body, area on body):

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): The student was sitting at the table writing and started to swear. The student was told to stop but continued to swear, so staff instructed him that if he didn't stop they would take the paper. The student then became disrespectful towards another staff member and the student was told to stand up and leave the room. The student resisted and became aggressive and started to punch and kick staff as they escorted him out of the room. The student was taken to the safe room until they were able to calm down.

Witnesses: Miss. Aretha

Aretha Hillman

James Jones

NAME: *James Jones*

POSITION: *Paraprofessional*

SIGNATURE: _____

DATE: *9-15-2011*

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: *Purple*

STATUS: *Student*

DATE OF OCCURANCE: *6/22/2011*

TIME: *14:40*

LOCATION OF INCIDENT: *Classroom*

NOTIFICATIONS BY STAFF:

Teacher: *Scott Bylow*

Date:

Time:

Administrator: *Mr. Mark Lafferty*

Date: *6/22/2011*

Time: *15:30*

Parent/Guardian Called: ☒ YES ☐ NO

Date: *6/22/2011*

Time: *15:30*

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☒ Increased Supervision

☐ Block

☐ Physical Intervention:

Type:

☒ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/ER*

☐ Other:

INCIDENT SOURCE:

☐ Bite

☐ Bumped Into

☐ During Transport

☐ Head Butt

☐ Heat

☐ Hair Pull

☐ Hit/Slap

☐ Insect

☐ Object

☐ Kick

☐ Pinch

☐ Scratch

☒ Push/Shove

☐ Rub/Friction

☐ Mod Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

INJURY TYPE: (Mark all that apply)

☐ Bite

☐ Blister

☐ Cut

☐ Ingestion

☐ Bruise

☐ Chafed/Cracked

☐ Insect Bite/Sting

☐ Irritation/Rash

☐ Pinch Mark

☐ Scrape

☐ Scratch

☐ Burn

☐ Pressure Mark

☐ Redness

☐ Other (Please Specify):

LOCATION OF INJURY (side of body, area on body):

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): *The student was given a verbal direction to follow directions, he refused and pushed a staff member in the chest. The student was taken to the safe room to calm.*

Witnesses: *Miss Chris Simmons*

NAME: *Mr. Scott Bylow*

POSITION: *Intervention Specialist*

SIGNATURE: _____

DATE: *6/22/2011*

WAS FIRST AID GIVEN?: *No*

IF YES, WHAT AND BY WHOM:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

ADMINISTRATION SIGNATURE:

DATE:

Mr. L. Giff. Jr.

6/23/11

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care:

DATE:

Employee Signature

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: *Purple Room*

STATUS: *Student*

DATE OF OCCURANCE: *5/23/2011*

TIME: *9:35*

LOCATION OF INCIDENT: *Classroom*

NOTIFICATIONS BY STAFF:

Teacher: *Scott Bylow*

Date:

Time:

Administrator: *Mr. Mark Lafferty*

Date: *5/23/2011*

Time: *10:15*

Parent/Guardian Called: ☒ YES ☐ NO

Date: *5/23/2011*

Time: *10:15*

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☒ Increased Supervision

☐ Block

☐ Physical Intervention:

Type:

☒ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/ER*

☐ Other:

INCIDENT SOURCE:

☐ Bite

☐ Bumped Into

☐ During Transport

☐ Head Butt

☐ Heat

☐ Hair Pull

☒ Hit/Slap

☐ Insect

☐ Object

☐ Kick

☐ Pinch

☐ Scratch

☐ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

INJURY TYPE: (Mark all that apply)

☐ Bite

☐ Blister

☐ Cut

☐ Ingestion

☐ Bruise

☐ Chafed/Cracked

☐ Insect Bite/Sting

☐ Irritation/Rash

☐ Pinch Mark

☐ Scrape

☐ Scratch

☐ Burn

☐ Pressure Mark

☐ Redness

☐ Other (Please Specify):

LOCATION OF INJURY (side of body, area on body):

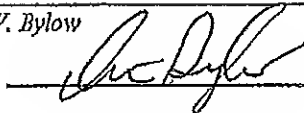
DESCRIPTION OF INCIDENT (prior events and/or contributing factors): *The student was asked to follow a direction and he refused. He got upset and hit another staff in the chest with a closed fist. The student was then escorted to the safe room to calm. He continued to make verbal and physical threats when entering the safe room. He continued to make vulgar/sexual references to Mr. Scott. The student was then escorted to an area where other student could not hear his language and where he could talk to another adult. Phillip talked with Miss Dee and calmed down. He returned to class shortly after.*

Witnesses: *Mr. Jim Jones*

NAME: *Mr. Scott W. Bylow*

POSITION: *Intervention Specialist*

SIGNATURE:

A handwritten signature in cursive script, appearing to read "Scott W. Bylow", written over a horizontal line.

DATE: *5/23/2011*

WAS FIRST AID GIVEN?: <i>No</i> SIGNATURE OF PERSON WHO PROVIDED FIRST AID:	IF YES, WHAT AND BY WHOM: DATE:
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: ADMINISTRATION SIGNATURE: <i>[Handwritten Signature]</i>	DATE: <i>5/27/11</i>

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ *Employee Signature* **DATE:**

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: *Purple*

STATUS: *Student*

DATE OF OCCURANCE: *1-14-11*

TIME: *10:15*

LOCATION OF INCIDENT: *Purple room/safe room*

NOTIFICATIONS BY STAFF:

Teacher: *Scott Bylow*

Date: *1-14-11*

Time: *11:15*

Administrator: *Mr. Lafferty*

Date: *1-14-11*

Time:

Parent/Guardian Called: ☐ YES ☒ NO

Date: *1-14-11*

Time:

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☒ Increased Supervision

☒ Block

☐ Physical Intervention:

Type:

☐ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/ER*

☐ Other:

INCIDENT SOURCE:

☐ Bite

☐ Bumped Into

☐ During Transport

☐ Head Butt

☐ Heat

☐ Hair Pull

☐ Hit/Slap

☐ Insect

☐ Object

☐ Kick

☐ Pinch

☐ Scratch

☐ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

INJURY TYPE: (Mark all that apply)

☐ Bite

☐ Blister

☐ Cut

☐ Ingestion

☐ Bruise

☐ Chafed/Cracked

☐ Insect Bite/Sting

☐ Irritation/Rash

☐ Pinch Mark

☐ Scrape

☐ Scratch

☐ Burn

☐ Pressure Mark

☐ Redness

☐ Other (Please Specify):

LOCATION OF INJURY (side of body, area on body):

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): *The student was sitting at the table watching a program on television, and began saying inappropriate words to other students in the area. The student was asked to move to another area and refused to do so. Staff then came over to the student to ask them again to move to another location and the student then became aggressive by attempting to scratch and stab with their pen. The student was then escorted out of the classroom and taken to the safe room. While in the safe room the student proceeded to rip their shirt because they were angry with staff. Staff remained in the safe room with student until they settled down. Staff and student then went out into the sensory room to allow the student to swing to further calm down.*

Witnesses: Miss. Chris, Miss. Pam

Chris Simmentel

NAME: Jim Jones

POSITION: Paraprofessional

SIGNATURE:

Jim Jones

DATE: 1-14-11

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: Purple

STATUS: Student

DATE OF OCCURANCE: 10/12/10

TIME: 14:50

LOCATION OF INCIDENT: Classroom

NOTIFICATIONS BY STAFF:

Teacher: Scott Bylow

Date: 10/12/2010

Time: 14:50

Administrator: Mr. Lafferty

Date: 10/12/2010

Time: 14:50

Parent/Guardian Called: [X] YBS [] NO

Date: 10/12/2010

Time: 15:15

INTERVENTION(S) USED:

[X] Verbal Redirection

[] Environmental Change

[] Increased Supervision

[] Block

[] Physical Intervention:

Type:

[] Behavior Plan Followed

Minutes:

[] Medical Assist/First Aid

[] Hospital/ER*

[] Other:

INCIDENT SOURCE:

[] Bite

[] Bumped Into

[] During Transport

[] Head Butt

[] Heat

[] Hair Pull

[X] Hit/Slap

[] Insect

[] Object

[] Kick

[] Pinch

[] Scratch

[] Push/Shove

[] Rub/Friction

[] Med Refusal

[] Slip/Trip/Fall

[] Self-Injury

[] Splinter

[] Stubbed

[] Unknown/Other:

INJURY TYPE: (Mark all that apply)

[] Bite

[] Blister

[] Cut

[] Ingestion

[] Bruise

[] Chafed/Cracked

[] Insect Bite/Sting

[] Irritation/Rash

[] Pinch Mark

[] Scrape

[] Scratch

[] Burn

[] Pressure Mark

[] Redness

[X] Other (Please Specify): Punch to the back of the head. No visual mark.

LOCATION OF INJURY (side of body, area on body): Back of head

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): The student was sitting playing video games with another student when another student took the controller out of their hands. The student who took the controller began arguing with staff and swearing which caused the student to laugh causing the the student who was swearing to get up and punch the student in the back of the head. Staff got between the two students and redirected each away from one another. Staff took the student to the sensory room to help settle them down.

Witnesses: Miss Chris Simmons

Chris Simmons

NAME: *Jim Jones*

POSITION: *Para-professional*

SIGNATURE:

Jim Jones

DATE: *10/13/2010*

WAS FIRST AID GIVEN?: <i>No</i> SIGNATURE OF PERSON WHO PROVIDED FIRST AID:	IF YES, WHAT AND BY WHOM: DATE:
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: ADMINISTRATION SIGNATURE: <i>[Signature]</i>	DATE: DATE: <i>10/13/10</i>

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ **DATE:**
Employee Signature

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: *Purple Room*

STATUS: *Student*

DATE OF OCCURANCE: *12/4/09*

TIME: *9:30*

LOCATION OF INCIDENT: *School Parking Lot*

NOTIFICATIONS BY STAFF:

Teacher: *Scott Bylow*

Date: *12/4/09*

Time:

Administrator: *Mr. Lafferty*

Date:

Time: *15:00*

Parent/Guardian Called: ☒ YES ☐ NO

Date: *12/4/09*

Time: *10:00*

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☒ Increased Supervision

☐ Block

☐ Physical Intervention:

Type:

☒ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/BR*

☐ Other:

INCIDENT SOURCE:

☐ Bite

☐ Bumped Into

☐ During Transport

☐ Head Butt

☐ Heat

☐ Hair Pull

☐ Hit/Slap

☐ Insect

☐ Object

☒ Kick

☐ Pinch

☐ Scratch

☐ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

INJURY TYPE: (Mark all that apply)

☐ Bite

☐ Blister

☐ Cut

☐ Ingestion

☒ Bruise

☐ Chafed/Cracked

☐ Insect Bite/Sting

☐ Irritation/Rash

☐ Pinch Mark

☐ Scrape

☐ Scratch

☐ Burn

☐ Pressure Mark

☒ Redness

☐ Other (Please Specify):

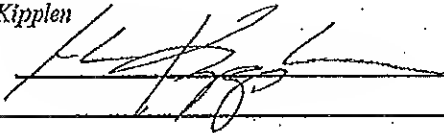
LOCATION OF INJURY (side of body, area on body): *Back of right knee*

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): *The student was sited having an argument with another student on the van. The students were separated and PT kicked around staff to hit the other student. Purple Room staff said that the attempt may have missed, but the student said that he was struck. The two students were separated immediately. PT continued to make verbal threats about the student while staff was alone with the student. The student was observed and no injury was present. The student was checked again in the afternoon and bruising was present. Mr. Scott notified Mr. Lafferty immediately.*

Witnesses: *Mr. Jim Jones*

NAME: *Mr. Mike Kipplen*

POSITION: *Para-professional*

SIGNATURE: 

DATE: *12/4/09*

IF YES, WHAT AND BY WHOM:

DATE:

DATE:

DATE:

DATE:

DATE:

12/15/09

I Refuse Care:

DATE: _____

Employee Signature

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: *Purple Room*

STATUS: *Student*

DATE OF OCCURANCE: *4/15/2010*

TIME: *14:50*

LOCATION OF INCIDENT: *Purple Room*

NOTIFICATIONS BY STAFF:

Teacher: *Scott Bylow*

Date: *4/15/2010*

Time: *14:50*

Administrator: *Mr. Lafferty*

Date: *4/15/2010*

Time: *15:00*

Parent/Guardian Called: ☒ YES ☐ NO

Date: *4/15/2010*

Time: *15:00*

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☒ Increased Supervision

☒ Block

☒ Physical Intervention:

Type: *Restraint*

☒ Behavior Plan Followed

Minutes: *20 min.*

☐ Medical Assist/First Aid

☐ Hospital/ER*

☐ Other:

INCIDENT SOURCE:

☐ Bite

☐ Bumped Into

☐ During Transport

☐ Head Butt

☐ Heat

☐ Hair Pull

☒ Hit/Slap

☐ Insect

☐ Object

☒ Kick

☐ Pinch

☒ Scratch

☐ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

INJURY TYPE: (Mark all that apply)

☐ Bite

☐ Blister

☐ Cut

☐ Ingestion

☐ Bruise

☐ Chafed/Cracked

☐ Insect Bite/Sting

☐ Irritation/Rash

☐ Pinch Mark

☐ Scrape

☐ Scratch

☐ Burn

☐ Pressure Mark


☐ Redness

☐ Other (Please Specify):

LOCATION OF INJURY (side of body, area on body):

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): *The student was asked to get off the computer for not following directions. Moments later PT began punching the wall and was escorted to the safe room to calm. While walking to the safe room, the student attempted to kick Mr. Scott. While entering the safe room, the student took out a pen and was attempting to use as a weapon. The pen was removed from his hands and he continued to be aggressive by kicking. Mr. Mike entered the safe room and attempted to kick him. Mr. Scott placed his arms around his arms and chest to prevent him from scratching and hitting. The student was carefully knelt to the ground and Mr. Mike restrained his legs to prevent being kicked. After a count of ten [REDACTED] was calm and the restraint was lifted. The student stayed in the sensory room to calm for 5 minutes.*

Witnesses: Mr. Mike Kippen



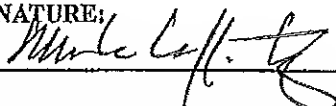
NAME: Scott Bylow

POSITION: Intervention Specialist

SIGNATURE:



DATE: 4/15/2010

WAS FIRST AID GIVEN?: SIGNATURE OF PERSON WHO PROVIDED FIRST AID:	IF YES , WHAT AND BY WHOM: DATE:
SIGNATURE OF PERSON WHO PROVIDED FIRST AID:	DATE:
ADMINISTRATION SIGNATURE: 	DATE: 4/15/10

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ *Employee Signature* **DATE:** _____

THE AUTISM ACADEMY

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: CLASSROOM: Purple Room STATUS: Student
 DATE OF OCCURANCE: 7/23/2009 TIME: 14:15 LOCATION OF INCIDENT: Computer Lab/Safe Room

INTERVENTION(S) USED:

- ☒ Verbal Redirection
- ☒ Environmental Change
- ☒ Increased Supervision
- ☒ Block
- ☒ Physical Intervention:
Type: restraint
- ☒ Behavior Plan Followed
Minutes: 45 minutes
- ☐ Medical Assist/First Aid
- ☐ Hospital/ER*
- ☐ Other:

NOTIFICATIONS BY STAFF:

Teacher: Scott Bylow Date: 7/23/09 Time: 14:15
 Administrator: Mr. Lafferty Date: 7/23/09 Time: 15:10
 Parent/Guardian Called: ☒ YES ☐ NO Date: 7/23/09 Time: 14:35

INCIDENT SOURCE:

- | | | |
|--|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> Daring Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input checked="" type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input checked="" type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: <u> </u> | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

The student and I went up to the computer lab to use the computer with the rest of the class. had to wait 20 minutes before he could use the computer due to not following directions earlier in the day. As I was using the computer came back and sat down next to me and proceeded to show me the expletives he wrote on his notebook. I then took the notebook away in which case punched me in the stomach. I then escorted out of the room and took him down to the classroom, and then over to the safe room. In the Safe Room, Mr. Scott took over supervision. At this point, I returned to the computer lab.

In the Safe Room, The student verbally threatened and physically attempted to hit Mr. Scott. At this point, Mr. Scott blocked the students attempts to hit and kick and tried to remain at a safe distance from the student. The student then began to take his belt off and Mr. Scott quickly moved to restrain the students arms to prevent him from using it as a weapon.

From this point was closely monitored as he has used his belt to break the lights in the Safe Room. After 45 minutes, apologized and was ready to return to class.

Witnesses: Mr. Scott Bylow

NAME: Mr. Jim Jones

TITLE: Paraprofessional

SIGNATURE: Jim Jones

DATE: 7-23-09

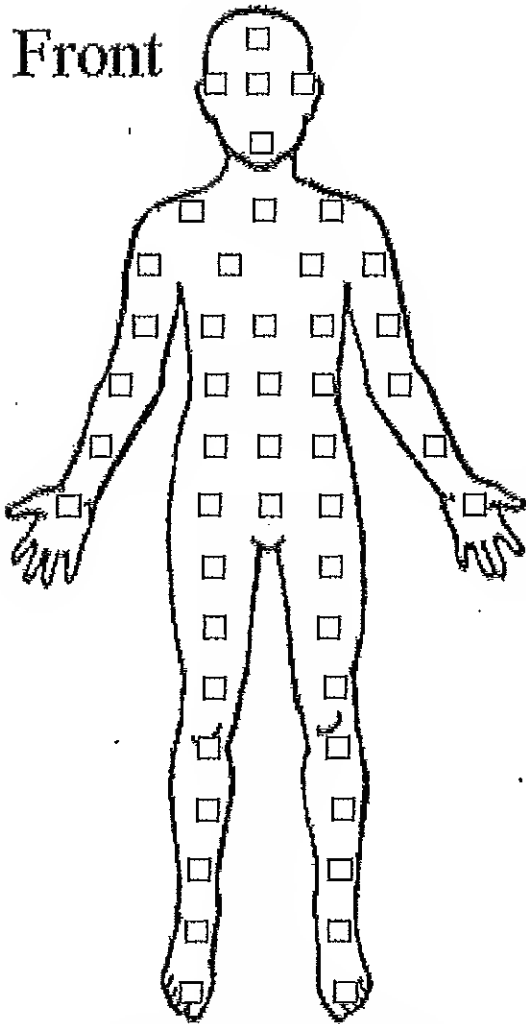
INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): <u> </u> | | | | |

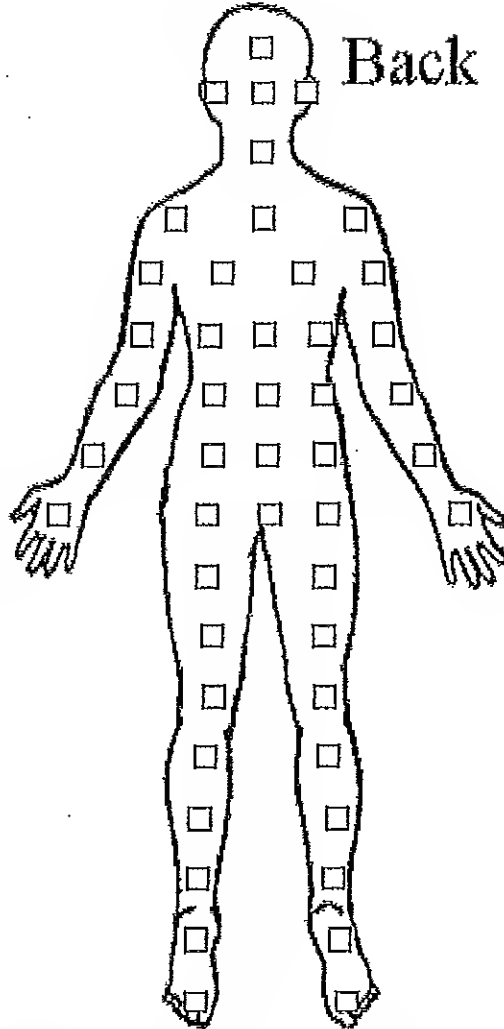
ADDITIONAL INJURY DETAILS:

Click the boxes below to identify the location/locations of any injuries.

Front



Back



WAS FIRST AID GIVEN? Yes/No IF YES, WHAT AND BY WHOM: _____

SIGNATURE OF PERSON

WHO PROVIDED FIRST AID: _____

DATE: _____

SIGNATURE OF PERSON

WHO COMPLETED FORM: Mr. Scott Bylow and Mr. Jim Jones

DATE: 7/23/09

ADMINISTRATION SIGNATURE: [Signature]

DATE: 7/29/09

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ DATE: _____

Employee Signature

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: Purple

STATUS: Student

DATE OF OCCURANCE: 11/17/09

TIME: 13:45

LOCATION OF INCIDENT: Classroom

NOTIFICATIONS BY STAFF:

Teacher: Scott Bylow

Date: 11/17/09

Time: 13:50

Administrator: Mr. Lafferty

Date: 11/17/09

Time: 13:50

Parent/Guardian Called: ☒ YES ☐ NO

Date: 11/17/09

Time: 15:25

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☒ Increased Supervision

☒ Block

☐ Physical Intervention:

Type:

☒ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/ER*

☐ Other:

INCIDENT SOURCE:

☐ Bite

☐ Bumped Into

☐ During Transport

☐ Head Butt

☐ Heat

☐ Hair Pull

☐ Hit/Slap

☐ Insect

☐ Object

☒ Kick

☐ Pinch

☐ Scratch

☒ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

The student became upset when the Purple room students were leaving for the computer lab. The student lost his computer time for swearing and acting inappropriate throughout the day. Miss Chris stayed in the Purple Room with the student and he began to destruct items and destroy school property. Miss Chris saw Mr. Eddie in the hall and asked Mr. Eddie to escort the student to the safe room. In the safe room, the student was kicking the door and Mr. Lafferty stopped to observe. Mr. Lafferty attempted to talk with the student. He opened the door to talk to him and he pushed Mr. Lafferty then kicked Miss Chris. Mr. Lafferty moved the student away from Miss Chris and attempted to calm his behavior by talking to him. [REDACTED] calmed and returned to the classroom after several moments.

Witnesses: Mr. Eddie, Mr. Lafferty

NAME: Christine Simmons

TITLE: Para-professional

SIGNATURE: Christine Simmons

DATE: 11/17/09

INJURY TYPE: (Mark all that apply)

☐ Bite

☐ Blister

☐ Cut

☐ Ingestion

☐ Bruise

☐ Chafed/Cracked ☐ Insect Bite/Sting ☐ Irritation/Rash ☐ Pinch Mark ☐ Scrape
☐ Scratch ☐ Burn ☐ Pressure Mark ☒ Redness
☒ Other (Please Specify): *Possible bruising on right thigh.*

ADDITIONAL INJURY DETAILS:

Pain in upper right thigh and knee.

WAS FIRST AID GIVEN?: No IF YES , WHAT AND BY WHOM:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

ADMINISTRATION SIGNATURE:

DATE:

11/12/09

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care:

DATE:

Employee Signature

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: Purple

STATUS: Student

DATE OF OCCURANCE: 10/27/09

TIME: 14:00

LOCATION OF INCIDENT: Computer Lab/Gymnasium

NOTIFICATIONS BY STAFF:

Teacher: Scott Bylow

Date: 10/27/09

Time: 14:10

Administrator: Mr. Mark Lafferty

Date: 10/27/09

Time:

Parent/Guardian Called: [X] YES [] NO

Date: 10/27/09

Time: 15:20 p

INTERVENTION(S) USED:

[X] Verbal Redirection

[X] Environmental Change

[X] Increased Supervision

[X] Block

[] Physical Intervention:

Type:

[X] Behavior Plan Followed

Minutes: 30

[] Medical Assist/First Aid

[] Hospital/ER*

[] Other:

INCIDENT SOURCE:

[] Bite

[] Bumped Into

[] During Transport

[] Head Butt

[] Heat

[] Hair Pull

[] Hit/Slap

[] Insect

[] Object

[X] Kick

[] Pinch

[] Scratch

[] Push/Shove

[] Rub/Friction

[] Med Refusal

[] Slip/Trip/Fall

[] Self-Injury

[] Splinter

[] Stubbed

[] Unknown/Other:

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

The student was given a direction and he refused. He then picked up a plastic blind adjuster and held it as if were a weapon. It was removed from the student and he was redirected away from the other students. In the gymnasium the student kicked Mr. Scott in the shin and attempted to hit with a closed fist. The attempt was blocked and the student was redirected to completing vocational skills where he threatened and continued to try to hit and kick. As the safe room was having the carpets cleaned, the student and I had a discussion with Mr. Lafferty in his office. The student calmed after our discussion.

Witnesses:

NAME: Scott Bylow

TITLE: Teacher Purple Room

SIGNATURE: 

DATE: 10/27/09

10/27/09

INJURY TYPE: (Mark all that apply)

[] Bite

[] Blister

[] Cut

[] Ingestion

[] Bruise

[] Chafed/Cracked

[] Insect Bite/Sting

[] Irritation/Rash

[] Pinch Mark

[] Scrape

☐ Scratch ☐ Burn ☐ Pressure Mark ☐ Redness

☐ Other (Please Specify):

ADDITIONAL INJURY DETAILS:

WAS FIRST AID GIVEN?: No IF YES , WHAT AND BY WHOM:

SIGNATURE OF PERSON

DATE:

WHO PROVIDED FIRST AID:

SIGNATURE OF PERSON

DATE:

WHO PROVIDED FIRST AID:

ADMINISTRATION SIGNATURE:

DATE:

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care:

DATE:

Employee Signature

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: Purple

STATUS: Student

DATE OF OCCURANCE: 11/2/09

TIME: 13:15

LOCATION OF INCIDENT: Gymnasium

NOTIFICATIONS BY STAFF:

Teacher: Scott Bylow

Date:

Time:

Administrator: Mr. Anthony Gerke

Date: 11/2/09

Time: 13:50

Parent/Guardian Called: [X] YES [] NO

Date: 11/2/09

Time: Left a message for guardian at 13:45. Will follow up with parent after school.

INTERVENTION(S) USED:

[X] Verbal Redirection

[X] Environmental Change

[X] Increased Supervision

[X] Block

[] Physical Intervention:

Type:

[X] Behavior Plan Followed

Minutes:

[] Medical Assist/First Aid

[] Hospital/ER*

[] Other:

INCIDENT SOURCE:

[] Bite

[X] Bumped Into

[] During Transport

[] Head Butt

[] Heat

[] Hair Pull

[X] Hit/Slap

[] Insect

[] Object

[X] Kick

[] Pinch

[] Scratch

[X] Push/Shove

[] Rub/Friction

[] Med Refusal

[] Slip/Trip/Fall

[] Self-Injury

[] Splinter

[] Stubbed

[] Unknown/Other:

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

[REDACTED] was playing basketball in the gym and was warned about not "fouling" other students. It wasn't long before the student had physical contact with another student and knocked over the other student twice as they were going for the basketball. [REDACTED] was directed to sit in the "penalty box" for fouling and making contact with another student. He kicked a desk over in the gym and as I approached him he hit me in the chest with a closed fist and attempted to kick me. At this point, I escorted [REDACTED] to the safe room where he could calm. After ten minutes in the safe room we went back to the classroom. Again, the student refused to follow directions as he was asked to sit in his seat. He refused multiple times and began to destroy school property, emptied a waste basket on the classroom floor, and threw several objects at me. It was at this point that Mr. Jim and I escorted [REDACTED] to the sanctuary to complete classroom work. I spoke with Mr. Anthony about leaving the student there to do his class work with another staff member and he agreed.

Witnesses: Mr. Jim Jones

NAME: Scott Bylow

TITLE: Teacher

SIGNATURE: _____

DATE: 11/2/09

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): | | | | |

ADDITIONAL INJURY DETAILS:

WAS FIRST AID GIVEN?: No IF YES , WHAT AND BY WHOM:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

ADMINISTRATION SIGNATURE:

DATE:

[Handwritten Signature]

10/2/09

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care:

DATE:

Employee Signature

THE AUTISM ACADEMY

INCIDENT REPORT

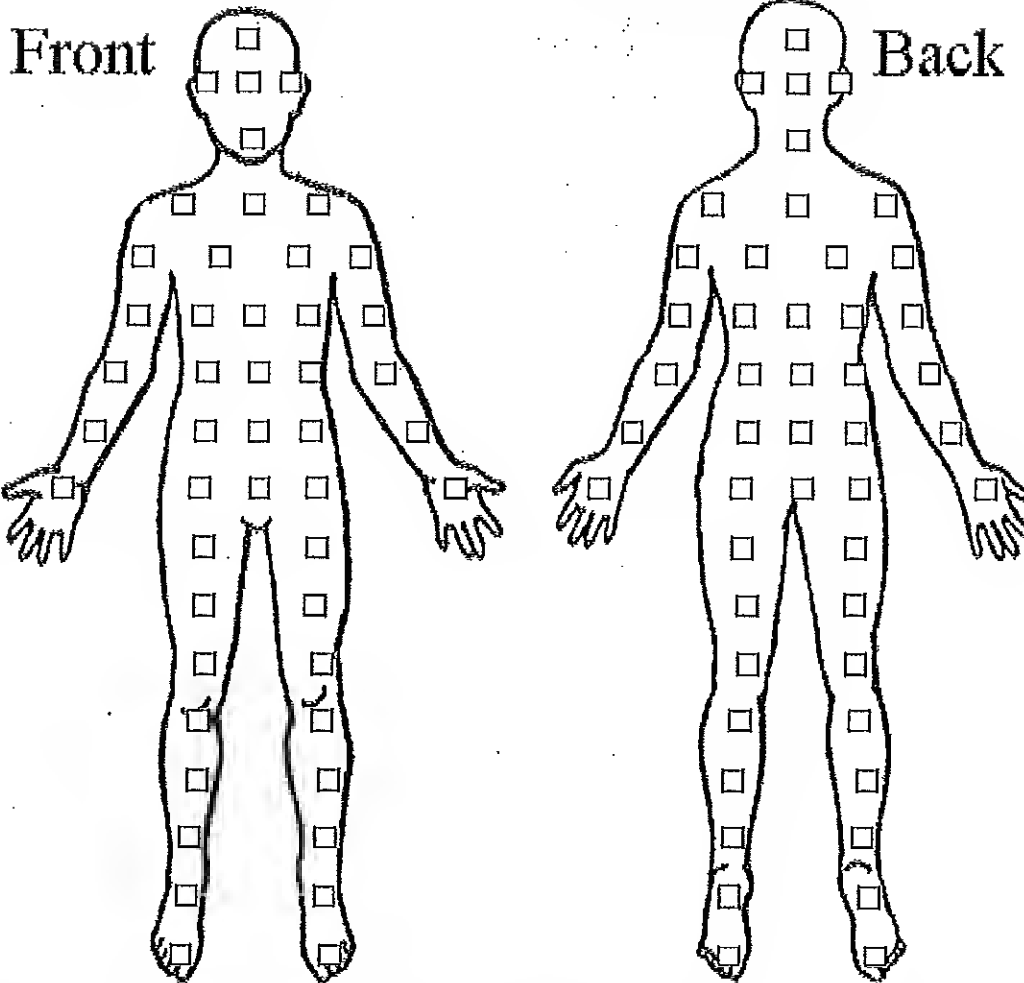
THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Blue Room STATUS:
DATE OF OCCURRENCE: 8/08/2008 TIME: 12:30 LOCATION OF INCIDENT: Classroom

INTERVENTION(S) USED: <input checked="" type="checkbox"/> Verbal Redirection <input checked="" type="checkbox"/> Environmental Change <input type="checkbox"/> Increased Supervision <input type="checkbox"/> Block <input type="checkbox"/> Physical Intervention: Type: <u>Two person escort</u> <input type="checkbox"/> Behavior Plan Followed Minutes: <u> </u> <input type="checkbox"/> Medical Assist/First Aid <input type="checkbox"/> Hospital/BR* <input type="checkbox"/> Other: <u> </u>	NOTIFICATIONS BY STAFF: Teacher: <u>Kristen Dunneade</u> Date: <u>08/08/2008</u> Time: <u> </u> Administrator: <u>Matt Biegelow</u> Date: <u>08/08/2008</u> Time: <u>12:30</u> Parent/Guardian Called: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: <u> </u> Time: <u> </u>																					
INCIDENT SOURCE: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Bite</td> <td><input type="checkbox"/> Bumped Into</td> <td><input type="checkbox"/> During Transport</td> </tr> <tr> <td><input type="checkbox"/> Head Butt</td> <td><input type="checkbox"/> Heat</td> <td><input type="checkbox"/> Hair Pull</td> </tr> <tr> <td><input checked="" type="checkbox"/> Hit/Slap</td> <td><input type="checkbox"/> Insect</td> <td><input type="checkbox"/> Object</td> </tr> <tr> <td><input checked="" type="checkbox"/> Kick</td> <td><input type="checkbox"/> Pinch</td> <td><input type="checkbox"/> Scratch</td> </tr> <tr> <td><input type="checkbox"/> Push/Shove</td> <td><input type="checkbox"/> Rub/Friction</td> <td><input type="checkbox"/> Med Refusal</td> </tr> <tr> <td><input type="checkbox"/> Slip/Trip/Fall</td> <td><input type="checkbox"/> Self-Injury</td> <td><input type="checkbox"/> Splinter</td> </tr> <tr> <td><input type="checkbox"/> Stubbed</td> <td><input type="checkbox"/> Unknown/Other: <u> </u></td> <td></td> </tr> </table>		<input type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport	<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input type="checkbox"/> Hair Pull	<input checked="" type="checkbox"/> Hit/Slap	<input type="checkbox"/> Insect	<input type="checkbox"/> Object	<input checked="" type="checkbox"/> Kick	<input type="checkbox"/> Pinch	<input type="checkbox"/> Scratch	<input type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal	<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter	<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other: <u> </u>	
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<input type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal																				
<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter																				
<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other: <u> </u>																					
DESCRIPTION OF INCIDENT (prior events and/or contributing factors): <p><i>On the last day before break we had a classroom party. Parents were invited. We got pizza for lunch. When it was time for lunch [REDACTED] refused to eat and become very irritated. He refused any choices that were given to him. He was offered a variety of things. We tried to take him for a walk to calm down or go to the sensory room and he refused. He ran across the room and threw himself down and started to kick. Staff immediately went over by him because there was several kids and adults in the room. Staff asked if he needed a break and offered weighted blanket but he became more aggressive. He started to hit and kick the staff so more staff was called in for back up. He became unsafe to himself and others in the room and needed to be removed. He refused to go on his own and continued to fight. Two staff for the arms and one staff for his feet, he was lifted and carried to the calm room for a break. Once in the break room he kicked his feet for awhile and made humming noises. He stayed in the room for about 20 min. When he came out of the safe room it was time to go home and he was still agitated.</i></p>																						
Witnesses: <u>Holly Forgette</u> NAME: <u>Holly Forgette</u> TITLE: <u>Paraprofessional</u> SIGNATURE: <u>Holly Forgette</u> DATE: <u>8/8/08</u>																						

INJURY TYPE: (Mark all that apply)				
<input type="checkbox"/> Bite	<input type="checkbox"/> Blister	<input type="checkbox"/> Cut	<input type="checkbox"/> Ingestion	<input type="checkbox"/> Bruise
<input type="checkbox"/> Chafed/Cracked	<input type="checkbox"/> Insect Bite/Sting	<input type="checkbox"/> Irritation/Rash	<input type="checkbox"/> Pinch Mark	<input type="checkbox"/> Scrape
<input type="checkbox"/> Scratch	<input type="checkbox"/> Burn	<input type="checkbox"/> Pressure Mark	<input type="checkbox"/> Redness	
<input type="checkbox"/> Other (Please Specify): <u> </u>				
ADDITIONAL INJURY DETAILS: <div style="height: 40px; border: 1px solid black;"></div>				

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? Yes/No IF YES, WHAT AND BY WHOM: _____

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID: _____

DATE: _____

SIGNATURE OF PERSON
WHO COMPLETED FORM: [Signature] DATE: 8/8/08

ADMINISTRATION SIGNATURE: [Signature] DATE: 8/8/08

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ DATE: _____
Employee Signature

THE AUTISM ACADEMY

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Blue Classroom STATUS:
DATE OF OCCURANCE: 11/14/2008 TIME: 9:40am LOCATION OF INCIDENT: Classroom

INTERVENTION(S) USED:

- ☒ Verbal Redirection
- ☒ Environmental Change
- ☐ Increased Supervision
- ☐ Block
- ☐ Physical Intervention:
Type:
- ☒ Behavior Plan Followed
Minutes:
- ☐ Medical Assist/First Aid
- ☐ Hospital/BR*
- ☐ Other:

NOTIFICATIONS BY STAFF:

Teacher: Kristen Dunneade Date: 11/14/2008 Time: 9:40am
Administrator: Anthony Gerke Date: 11/14/2008 Time: 9:45am
Parent/Guardian Called: ☐ YES ☐ NO Date: Time:

INCIDENT SOURCE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: <u> </u> | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

[REDACTED] refused to listen to staff to go to art. The staff set the timer for two minutes. When timer went off he was given the demand again to go to art. He refused again. The staff and the teacher tried to help him up and he threw himself around on the floor and kicked at the staff member. Administration was then called to help and he was taken to the time out room for six minutes. When the six minutes were up he practiced his self control in there and returned to the classroom. When he got back to the classroom he went to art and participated.

Witnesses: Patti Talamantez

NAME: Patti Talamantez TITLE: Paraprofessional

SIGNATURE: Patti Talamantez DATE: 11/14/08

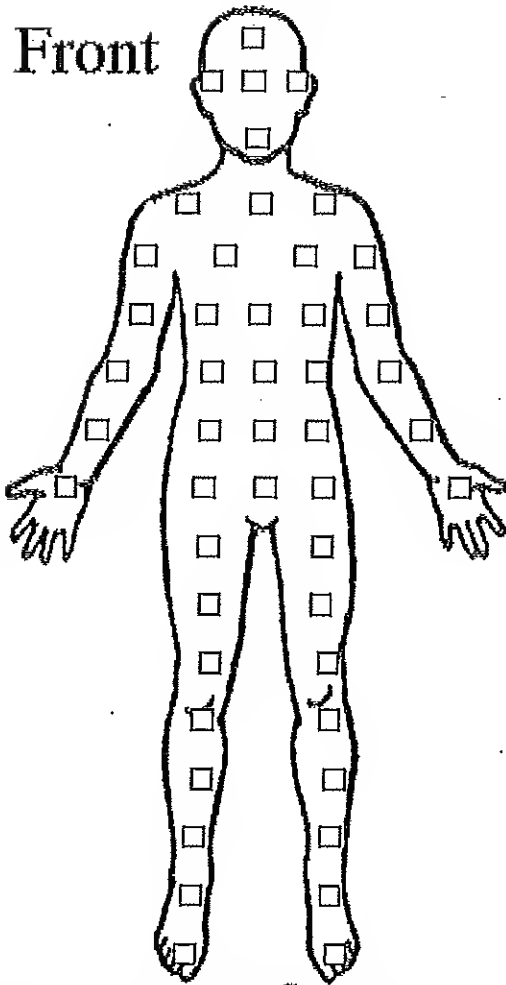
INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): <u> </u> | | | | |

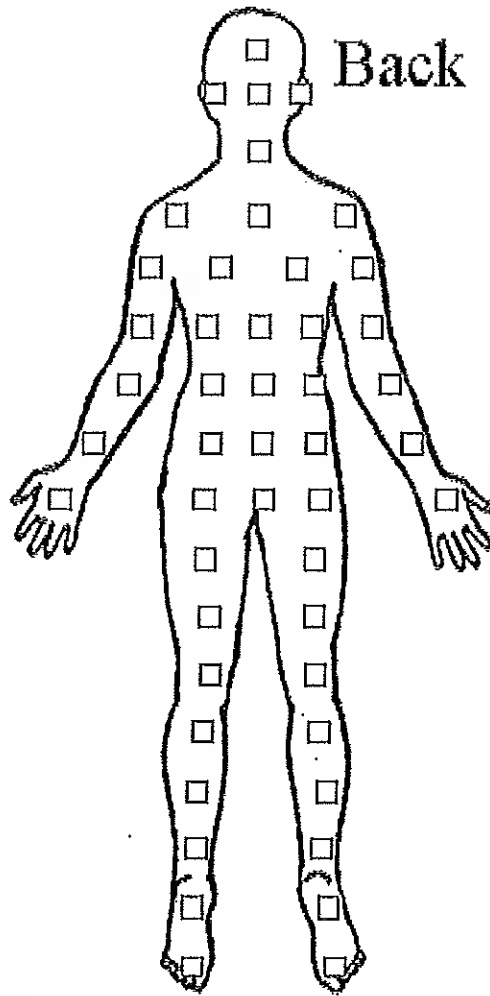
ADDITIONAL INJURY DETAILS:

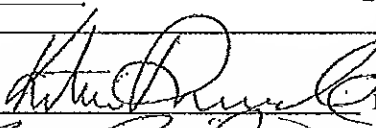
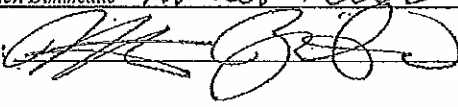
Click the boxes below to identify the location/locations of any injuries.

Front



Back



WAS FIRST AID GIVEN? <u>Yes/No</u> IF YES, WHAT AND BY WHOM: _____	
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: _____ DATE: _____	
SIGNATURE OF PERSON WHO COMPLETED FORM: <u>Kristen Dummeade</u>  DATE: <u>11/14/2008</u>	
ADMINISTRATION SIGNATURE:  DATE: <u>11/14/08</u>	
*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.	
I Refuse Care: _____ DATE: _____ <div style="text-align: center;"><small>Employee Signature</small></div>	

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAOE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: *Brown* STATUS:
 DATE OF OCCURANCE: *09/27/2011* TIME: *1115* LOCATION OF INCIDENT: *AAL - Hallway, Safe Room, Classroom*

NOTIFICATIONS BY STAFF:

Teacher: <i>Laura Pierson</i>	Date: <i>09/27/2011</i>	Time: <i>1115</i>
Administrator: <i>Mark Lafferty</i>	Date: <i>09/27/2011</i>	Time: <i>1130</i>
Parent/Guardian Called: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date: <i>09/27/2011</i>	Time: <i>1330</i>

INTERVENTION(S) USED:

☒ Verbal Redirection
☐ Environmental Change
☒ Increased Supervision
☒ Block
☒ Physical Intervention:
 Type:
☐ Behavior Plan Followed
 Minutes:
☐ Medical Assist/First Aid
☐ Hospital/ER*
☐ Other:

INCIDENT SOURCE:

<input type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport
<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input type="checkbox"/> Hair Pull
<input checked="" type="checkbox"/> Hit/Slap	<input type="checkbox"/> Insect	<input type="checkbox"/> Object
<input checked="" type="checkbox"/> Kick	<input type="checkbox"/> Pinch	<input type="checkbox"/> Scratch
<input checked="" type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal
<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter
<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other:	

INJURY TYPE: (Mark all that apply)

<input type="checkbox"/> Bite	<input type="checkbox"/> Blister	<input type="checkbox"/> Cut	<input type="checkbox"/> Ingestion	<input type="checkbox"/> Bruise
<input type="checkbox"/> Chafed/Cracked	<input type="checkbox"/> Insect Bite/Sting	<input type="checkbox"/> Irritation/Rash	<input type="checkbox"/> Pinch Mark	<input type="checkbox"/> Scrape
<input type="checkbox"/> Scratch	<input type="checkbox"/> Burn	<input type="checkbox"/> Pressure Mark	<input type="checkbox"/> Redness	
<input type="checkbox"/> Other (Please Specify): <i>N. Injury noted</i>				

LOCATION OF INJURY (side of body, area on body): *n/a*

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): *The student had just returned from off-site vocational evaluation when he ran off from his staff member, pushed passed another staff member and proceeded toward his classroom where he encountered another staff member in the hallway outside his classroom door. He swung at the staff member and was blocked. He was directed to sit down on the floor where he was at in the hallway. He complied after being told to do so 3 times. He was then directed to lie down on his belly. He complied immediately. He was still swinging his arms and kicking at staff so they were restrained manually by staff. Using a calm soothing voice a staff member talked to him about calming and relaxing. He then seemed to be relaxed and was allowed to*

stand up to proceed with getting his lunch. The student walked into the classroom and kicked a ball across the room. It was decided that he should be escorted to the safe room. While walking him through the hallway, he began swinging and kicking at the staff. He was then restrained to the floor again until he was calmer and able to resume walking toward the safe room. At this time Mr. Lafferty was notified. He was given a real life visual of himself sitting in the safe room and told we would walk there calmly when he was ready. He was able to walk with minimal hands on supervision as student continued to swing at staff. Once in the safe room he began to swing and kick at staff with increased aggression. After the door to the safe room was closed, the student began to kick the walls and tried to open the door several times. It was explained to him that when he was calm, we would open the door. When he was quiet for a few minutes, staff would open the door to see if he was calm enough to come out. Each time, he would swing at the staff aggressively. After about 25 minutes, a staff member explained that we would hand him his lunch and if he could walk to classroom without hitting or kicking, then he could sit down at his desk and eat. There were a few light taps at staff. He sat down at his desk, opened his lunch box, removed his microwavable food, put it in the microwave and started reheating it with assistance. He returned to his desk and kicked his ball chair and started throwing his food and lunch box. He was given a standard chair and directed to sit down at his desk. His lunch items were placed outside of his reach. He threw a spiral notebook from inside his desk at another student then reached for another item from his desk. Everything was removed from his desk. He was given his food one item at a time initially until he showed signs of being calm; at which time he was given the last two remaining lunch items. He was able to calmly put his lunch box in his locker, and remained quiet for most of the afternoon until about 1315. At this time he kicked a ball across the room with aggression. He was instructed to sit on the floor and then to lie down. He started spitting at the staff. He was directed to move to his personal "chill zone" and layed on his yoga mat with a weighted blanket and eye pillow for about 10 minutes. He then sat up for about 5 minutes and was able to return to his desk with further incident. A parent was notified by telephone and he was able to ride the van home.

Witnesses: Laura Pierson, Jeremy Wright, Diana Burtscher, Mark Lafferty

NAME: Shawn George

POSITION: Para

SIGNATURE:



DATE: 09/27/2011

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: *Brown*

STATUS:

DATE OF OCCURANCE: *04/10/12*

TIME: *11:20 am*

LOCATION OF INCIDENT: *Classroom*

NOTIFICATIONS BY STAFF:

Teacher: *Laura Pierson*

Date: *04/10/12*

Time: *11:20 am*

Administrator: *Lindsey Fischer*

Date: *04/10/12*

Time: *11:55 am*

Parent/Guardian Called: ☐ YES ☒ NO

Date:

Time:

INTERVENTION(S) USED:

- ☐ Verbal Redirection
☐ Environmental Change
☒ Increased Supervision
☒ Block
☐ Physical Intervention:
Type:
☐ Behavior Plan Followed
Minutes:
☐ Medical Assist/First Aid
☐ Hospital/ER*
☐ Other:

INCIDENT SOURCE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input checked="" type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: | |

INJURY TYPE: (Mark all that apply)

- | | | | | |
|---|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
- ☒ Other (Please Specify): *Soreness*

LOCATION OF INJURY (side of body, area on body): *Back of the head was hit, staff then resulted in having a headache and neck pain*

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): *The ipad was being used by student A and a song came on. This resulted in student B having a behavior and the staff member was bear hugging the student from behind to help them calm. The student jerked their body backwards and it jerked the staff member back and the staff's head hit the wall. The staff member then said that they had a headache and a sore neck as a result. Student B was removed from the classroom and taken to the safe room for about 20 minutes to calm down in order to return to the classroom.*

Witnesses: *Laura Pierson*

WAS FIRST AID GIVEN?: No

IF YES , WHAT AND BY WHOM:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

ADMINISTRATION SIGNATURE:

DATE: 04/10/12

M. J. Caffrey

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care:

DATE:

Employee Signature

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: *Green Room* STATUS: *Student*
 DATE OF OCCURANCE: *12-5-2012* TIME: *3:30pm* LOCATION OF INCIDENT: *School parking lot/transportation van*

NOTIFICATIONS BY STAFF:

Teacher: <i>Debbie Loprete</i>	Date: <i>12-5-2012</i>	Time: <i>3:30pm</i>
Administrator: <i>Mark Lafferty</i>	Date: <i>12-5-2012</i>	Time: <i>3:30pm</i>
Parent/Guardian Called: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date: <i>Mrs. Coleman</i>	Time: <i>3:40pm</i>
	<i>refused to pick up</i>	
	<i>Eljah(no vehicle)</i>	

INTERVENTION(S) USED:

☒ Verbal Redirection
☒ Environmental Change
☒ Increased Supervision
☐ Block
☒ Physical Intervention:
 Type:
☐ Behavior Plan Followed
 Minutes:
☐ Medical Assist/First Aid
☐ Hospital/ER*
☒ Other:

INCIDENT SOURCE:

<input type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport
<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input type="checkbox"/> Hair Pull
<input type="checkbox"/> Hit/Slap	<input type="checkbox"/> Insect	<input type="checkbox"/> Object
<input type="checkbox"/> Kick	<input type="checkbox"/> Pinch	<input type="checkbox"/> Scratch
<input type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal
<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter
<input type="checkbox"/> Stubbed	<input checked="" type="checkbox"/> Unknown/Other: <i>Student assault</i>	

INJURY TYPE: (Mark all that apply)

<input type="checkbox"/> Bite	<input type="checkbox"/> Blister	<input type="checkbox"/> Cut	<input type="checkbox"/> Ingestion	<input checked="" type="checkbox"/> Bruise
<input type="checkbox"/> Chafed/Cracked	<input type="checkbox"/> Insect Bite/Sting	<input type="checkbox"/> Irritation/Rash	<input type="checkbox"/> Pinch Mark	<input checked="" type="checkbox"/> Scrape
<input checked="" type="checkbox"/> Scratch	<input type="checkbox"/> Burn	<input checked="" type="checkbox"/> Pressure Mark	<input checked="" type="checkbox"/> Redness	
<input type="checkbox"/> Other (Please Specify):				

LOCATION OF INJURY (side of body, area on body):

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): [REDACTED] was in the school parking lot at dismissal time. As he approached the van, he hit Mr. Lawrence and myself. When, I verbally directed him to stop hitting and to get into the van, [REDACTED] sat down in his seat. As I attempted to get his seat belt on, he hit my arm away, turned around and began hitting another student in the rear of the van. As I tried to get him to stop hitting and grabbing the other student, he turned around and hit me. He grabbed my hand and pushed his nails into

it causing it to start bleeding.

Mr. Ron got into the van and sat next to him attempting to get him to stop hitting me. [REDACTED] then turned around again and began sticking his nails into the other student's hand. The other student started to get upset and again [REDACTED] had to be physically restrained from hitting the other student. Mr. Troy, Ms. Tammy, and myself tried to get [REDACTED] to stop and calm down. [REDACTED] turned again in his seat, picked up his legs and began kicking Mr. Ron, who was seated next to him.

Mr. Ron attempting to get away from [REDACTED]'s kicking had to jump out of the van. Mr. Percy notified the office and was told by L. Greer to bring [REDACTED] back into the school. Mr. Troy, Ms. Tammy, and myself had to forcibly bring him back into the school, and when we brought him to the office, L. Greer directed us to take [REDACTED] back to the Safe Room.

He had to be brought back to the SR forcibly, as he was fighting and kicking us. When, he was put into the SR he began kicking the door and urinated on the floor. Mrs. [REDACTED] was notified, but refused to come get him as she had no vehicle. [REDACTED], [REDACTED] home aide was notified by L. Greer to bring [REDACTED] home.

I was directed to stay with [REDACTED] until [REDACTED] arrived. He arrived at 4:10 pm.

When, [REDACTED] arrived, [REDACTED] left with no further incident.

Witnesses: Mr. Ron, Mr. Troy, Ms. Tammy, Mr. Percy, Mr. Jay, and Mr. Lawrence

NAME: Debra Loprete

POSITION: Teacher-Green Room

SIGNATURE: _____

DATE: 12-5-2012

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: *The Green Room*

STATUS: *student*

DATE OF OCCURANCE: *12-4-2-12*

TIME: *3:30 pm*

LOCATION OF INCIDENT: *Sensory Room/School Office*

NOTIFICATIONS BY STAFF:

Teacher: *Debbie Loprete*

Date: *12-4-2012*

Time: *3:30pm*

Administrator: *Mark Lafferty*

Date: *12-4-2012*

Time: *3:30pm*

Parent/Guardian Called: ☒ YES ☐ NO

Date: *12-4-2012*

Time: *3:40pm Mrs. Coleman refused to pick up Elijah (no vehicle).*

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☒ Increased Supervision

☐ Block

☒ Physical Intervention:

Type:

☐ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/ER*

☐ Other:

INCIDENT SOURCE:

☒ Bite

☐ Bumped Into

☐ During Transport

☐ Head Butt

☐ Heat

☐ Hair Pull

☒ Hit/Slap

☐ Insect

☐ Object

☒ Kick

☐ Pinch

☐ Scratch

☒ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

INJURY TYPE: (Mark all that apply)

☐ Bite

☐ Blister

☐ Cut

☐ Ingestion

☐ Bruise

☐ Chafed/Cracked

☐ Insect Bite/Sting

☐ Irritation/Rash

☐ Pinch Mark

☐ Scrape

☐ Scratch

☐ Burn

☐ Pressure Mark

☐ Redness

☐ Other (Please Specify):

LOCATION OF INJURY (side of body, area on body):

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

At 3:10 pm, while in the Sensory Room (Behavior Plan) [REDACTED] refused to go home, when given a verbal direction by myself (he is always given a 2-minute verbal warning) to get off the swing. After several verbal requests, to get ready to leave for the day, I went over to the swing and attempted to get [REDACTED] off the swing. He jumped off and laid down on the floor. When Mr. Ron and myself attempted to request him to get off the floor, he got up and pushed me down. He began to hit Mr. Ron and myself, when I requested him to go to the classroom to get his coat, he left the Sensory room and entered the classroom.

Upon entering the Green Room, he started knocking and throwing objects off the shelves. I asked him to go to the office. Mr. Ron followed [REDACTED] down to the office. Arriving at the office [REDACTED] began to throw and knock items off the office counters and ran into the Sanctuary. Mr. Lafferty, Miss Tammy, Mr. Jay, Mr. Ron, and myself attempted to stop him. He began kicking, biting, scratching, and fighting all of the above staff. Finally, [REDACTED] was contained and carried up the stairs to the Safe Room. On the way there, he attempted to kick out the glass in the second-story doors.

He was put in the Safe Room. While inside he urinated on the floor and kicked the door several times. Mr. Lafferty called [REDACTED]. She refused to come get Elijah, she stated that she had no vehicle.

Mr. [REDACTED], [REDACTED] home aide, was notified to bring him home. [REDACTED] left without further incident at 4:45pm.

Witnesses: Ron Munn, Debra Loprete, Jay (parapro), Mark Lafferty,

NAME: Debra Loprete

POSITION: Teacher-Green Room

SIGNATURE: _____

DATE: 12-4-2012

WAS FIRST AID GIVEN?:

IF YES , WHAT AND BY WHOM:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

ADMINISTRATION SIGNATURE:

DATE:

[Handwritten Signature]

12/6/12

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care:

DATE:

Employee Signature

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: GreenSTATUS: StudentDATE OF OCCURRENCE: 12/14/2011 TIME: 12:30 pmLOCATION OF INCIDENT: Sensory Room

INTERVENTION(S) USED:

- ☒ Verbal Redirection
☒ Environmental Change
☒ Increased Supervision
☐ Block
☐ Physical Intervention:
Type: _____
☐ Behavior Plan Followed
Minutes: _____
☐ Medical Assist/First Aid
☐ Hospital/BR*
☐ Other: _____

NOTIFICATIONS BY STAFF:

Teacher: _____ Date: ____/____/____ Time: ____
Administrator: _____ Date: ____/____/____ Time: ____
Parent/Guardian Called: ☐ YES ☐ NO Date: ____/____/____ Time: ____

INCIDENT SOURCE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: <u>slammed door on foot & wrist</u> | |

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): <u>slammed foot/wrist</u> | | | | |

LOCATION OF INJURY (side of body, area on body): Rt Foot / left wrist.

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

[REDACTED] attempted to throw a desk through the classroom window. When, he was taken to the Safe Room, he slammed the door on my Rt foot & left wrist.

Witnesses: Ron MunnNAME: Debra LopretePOSITION: TeacherSIGNATURE: Debra LopreteDATE: 12/14/2011

WAS FIRST AID GIVEN?: _____

IF YES, WHAT AND BY WHOM: Occupational HealthSIGNATURE OF PERSON
WHO PROVIDED FIRST AID: _____DATE: 12/14/2011

DESCRIPTION OF INCIDENT CONTINUED:

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNINO, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: *Green*

STATUS:

DATE OF OCCURANCE: *02/15/2011*

TIME: *3:00 pm*

LOCATION OF INCIDENT: *Safe Room*

NOTIFICATIONS BY STAFF:

Teacher: *Cynthia Smith*

Date: *02/15/2011*

Time: *3:00 pm*

Administrator: *Mark Lafferty*

Date: *02/15/2011*

Time: *3:05 pm*

Parent/Guardian Called: ☒ YES ☐ NO

Date: *02/15/2011*

Time: *3:10 pm*

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☒ Increased Supervision

☐ Block

☐ Physical Intervention:

Type:

☐ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/ER*

☐ Other:

INCIDENT SOURCE:

☐ Bite

☐ Bumped Into

☐ During Transport

☐ Head Butt

☐ Heat

☐ Hair Pull

☐ Hit/Slap

☐ Insect

☐ Object

☒ Kick

☐ Pinch

☐ Scratch

☐ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

INJURY TYPE: (Mark all that apply)

☐ Bite

☐ Blister

☐ Cut

☐ Ingestion

☒ Bruise

☐ Chafed/Cracked

☐ Insect Bite/Sting

☐ Irritation/Rash

☐ Pinch Mark

☐ Scrape

☐ Scratch

☐ Burn

☐ Pressure Mark

☒ Redness

☐ Other (Please Specify):

LOCATION OF INJURY (side of body, area on body): *right side and right lower back*

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): [REDACTED] was in the safe room and the teacher was picking up his shoes. [REDACTED] went toward the teacher and kicked her in her side and on her lower back.

Witnesses:

NAME: *Jason Woods*

POSITION: *Paraprofessional*

SIGNATURE: _____

DATE: _____

WAS FIRST AID GIVEN?: No

IF YES, WHAT AND BY WHOM:

SIGNATURE OF PERSON

DATE:

WHO PROVIDED FIRST AID:

SIGNATURE OF PERSON

DATE:

WHO PROVIDED FIRST AID:

ADMINISTRATION SIGNATURE:

DATE:

Michael Lafferty

2/15/11

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care:

DATE:

Employee Signature

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: GreenSTATUS: StudentDATE OF OCCURRENCE: 11/21/10 TIME: 1:30LOCATION OF INCIDENT: Class room

INTERVENTION(S) USED:

- ☒ Verbal Redirection
☐ Environmental Change
☐ Increased Supervision
☐ Block
☐ Physical Intervention:
 Type:
☐ Behavior Plan Followed
 Minutes:
☐ Medical Assist/First Aid
☐ Hospital/ER*
☒ Other:

NOTIFICATIONS BY STAFF:

Teacher: Para Melinda Date: 11/21/10 Time: 1:35
 Administrator: _____ Date: _____ Time: _____
 Parent/Guardian Called: ☐ YES ☒ NO Date: 1/1 Time: _____

INCIDENT SOURCE:

- | | | |
|--|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input checked="" type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: _____ | |

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|---|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input checked="" type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

LOCATION OF INJURY (side of body, area on body): Left side of Rib

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

I was trying to get [REDACTED] to do some work, He spit at us. Then went up to one student and kicked him and hit another. He was taken to the safe room.

Witnesses: Jason WoodsNAME: Jason WoodsPOSITION: ParaSIGNATURE: Jason WoodsDATE: 11/22/2010

WAS FIRST AID GIVEN?: _____ IF YES, WHAT AND BY WHOM: _____

SIGNATURE OF PERSON

WHO PROVIDED FIRST AID: _____ DATE: 1/1

SIGNATURE OF PERSON
WHO COMPLETED FORM: _____

DATE: 1 / 1 / _____

ADMINISTRATION SIGNATURE: _____

DATE: 11 / 22 / 10

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____

DATE: _____

Employee Signature

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: Orange

STATUS:

DATE OF OCCURANCE: 2/23/2012

TIME: 11:30am

LOCATION OF INCIDENT: In route to the safe room

NOTIFICATIONS BY STAFF:

Teacher: Substitute Teacher: Kate Bylow

Date: 2/23/2012

Time: 11:30am

Administrator: Lindsey Fischer

Date: 2/23/2012

Time: 12:00pm

Parent/Guardian Called: [] YES [X] NO

Date:

Time:

INTERVENTION(S) USED:

[] Verbal Redirection

[X] Environmental Change

[] Increased Supervision

[] Block

[X] Physical Intervention:

Type:

[] Behavior Plan Followed

Minutes:

[] Medical Assist/First Aid

[] Hospital/ER*

[] Other:

INCIDENT SOURCE:

[] Bite

[] Bumped Into

[] During Transport

[] Head Butt

[] Heat

[] Hair Pull

[] Hit/Slap

[] Insect

[] Object

[] Kick

[] Flinch

[X] Scratch

[] Push/Shove

[] Rub/Friction

[] Med Refusal

[] Slip/Trip/Fall

[X] Self-Injury

[] Splinter

[] Stubbed

[] Unknown/Other:

INJURY TYPE: (Mark all that apply)

[] Bite

[] Blister

[] Cut

[] Ingestion

[] Bruise

[] Chafed/Cracked

[] Insect Bite/Sting

[] Irritation/Rash

[] Pinch Mark

[] Scrape

[X] Scratch

[] Burn

[] Pressure Mark

[] Redness

[] Other (Please Specify):

LOCATION OF INJURY (side of body, area on body): Right side of head near temple and left side neck.

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): [REDACTED] was completing a math assignment and was having difficulty waiting for the teacher to finish working with another student to help him. He became very frustrated. [REDACTED] began kicking and swinging at staff and was unable to be redirected. Mr. Scott was called down to help and when he walked in [REDACTED] was laying on the ground. Mr. Scott asked [REDACTED] what was wrong and he got up off of the ground. [REDACTED] aggression began to increase, he began yelling louder and continued to kick and swing, and in order to keep him safe and the other students in the classroom safe he was escorted to the safe room. Three staff members helped to move [REDACTED] as safely as possible to the safe room. During the route to the safe room, [REDACTED] scratched himself on the head and neck while swinging his arms and legs furiously on the way to the safe room. [REDACTED] remained

in the safe room for about 10-15 minutes and became calm. At this time he asked for his glasses back, they had been removed to keep them from breaking, and said he was hungry. [REDACTED] was allowed to get his glasses back and grab his lunch. He ate his lunch in the hallway and seemed to be calm still around 1:00pm.

Witnesses: Scott Bylow

NAME: Lindsey Fischer

POSITION: Director of Education

SIGNATURE: _____

DATE: 2/23/2012

WAS FIRST AID GIVEN? No

IF YES, WHAT AND BY WHOM:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

ADMINISTRATION SIGNATURE:

DATE: 2/23/12

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care:

DATE:

Employee Signature

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: *Orange*

STATUS:

DATE OF OCCURANCE: *10/5/2011*

TIME: *10:15*

LOCATION OF INCIDENT: *sensory room*

NOTIFICATIONS BY STAFF:

Teacher: *Abby Spangler*

Date: *10/4/11*

Time: *10:20*

Administrator: *Mark Lafferty*

Date: *10/4/11*

Time: *10:25*

Parent/Guardian Called: ☒ YES ☐ NO

Date: *10/4/11*

Time: *11:00*

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☒ Increased Supervision

☒ Block

☒ Physical Intervention:

Type:

☐ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/ER*

☐ Other:

INCIDENT SOURCE:

☐ Bite

☐ Bumped Into

☐ During Transport

☐ Head Butt

☐ Heat

☐ Hair Pull

☐ Hit/Slap

☐ Insect

☐ Object

☐ Kick

☐ Pinch

☐ Scratch

☒ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

INJURY TYPE: (Mark all that apply)

☐ Bite

☐ Bllster

☐ Cut

☐ Ingestion

☐ Bruise

☐ Chafed/Cracked

☐ Insect Bite/Sting

☐ Irritation/Rash

☐ Pinch Mark

☐ Scrape

☐ Scratch

☐ Burn

☐ Pressure Mark

☐ Redness

☒ Other (Please Specify): *none*

LOCATION OF INJURY (side of body, area on body): *none*

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): *The said child was bothering another student and was asked more than once to please stop. He was also directed to another activity. But he continued to place hands on them anyway. Which directly caused the other child to become very upset. When staff asked again for him to sit down for a timeout the child in question, whipped a ball which caused my glasses to fall off the top of my head. Staff again asked, for him to please stop the behavior and at this, the student kicked the ball. At that point, I went over to him kneeled down to eye level and talked about positive and negative attention. Following, the child leaned over to hug me forcefully, staff fell backwards and the child fell on top of me. The child did not want to get off the staff. The staff attempted to get the student off the other staff which made him more physical. When the staff got up, attempted to have them sit again and he*

was forcefully avoiding sitting, pushing staff. Staff then directed him to the safe room. As another staff called for additional help the child tried bear hugging the staff so staff would not leave the room causing one more time, us to fall on the ground. The student continued to fight the staff so that he could avoid the safe room. Finally, staff got out of the child's grip, left the room where additional staff had been waiting to assist outside the door.

Witnesses: Carol Snider

Carol Snider

NAME:

Tamara

POSITION:

SIGNATURE:

Tamara

DATE:

10-5-11

abbyspangler 10-5-11

WAS FIRST AID GIVEN?:

IF YES, WHAT AND BY WHOM:

SIGNATURE OF PERSON

DATE:

WHO PROVIDED FIRST AID:

SIGNATURE OF PERSON

DATE:

WHO PROVIDED FIRST AID:

ADMINISTRATION SIGNATURE:

DATE:

[Handwritten Signature]

10/5/11

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care:

DATE:

Employee Signature

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: *Orange*

STATUS:

DATE OF OCCURANCE: *9/26/2011*

TIME: *9:40*

LOCATION OF INCIDENT: *classroom*

NOTIFICATIONS BY STAFF:

Teacher: *Abby Spangler*

Date: *9/26/2011*

Time: *9:42*

Administrator: *Lindsey Greer*

Date: *9/26/2011*

Time: *9:44*

Parent/Guardian Called: ☒ YES ☐ NO

Date: *9/26/2011*

Time: *10:00*

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☐ Increased Supervision

☒ Block

☐ Physical Intervention:

Type:

☐ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/ER*

☐ Other:

INCIDENT SOURCE:

☐ Bite

☐ Bumped Into

☐ During Transport

☐ Head Butt

☐ Heat

☐ Hair Pull

☒ Hit/Slap

☐ Insect

☐ Object

☒ Kick

☐ Pinch

☐ Scratch

☐ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

INJURY TYPE: (Mark all that apply)

☐ Bite

☐ Blister

☐ Cut

☐ Ingestion

☐ Bruise

☐ Chafed/Cracked

☐ Insect Bite/Sting

☐ Irritation/Rash

☐ Pinch Mark

☐ Scrape

☐ Scratch

☐ Burn

☐ Pressure Mark

☐ Redness

☐ Other (Please Specify): *None occurred.*

LOCATION OF INJURY (side of body, area on body): *none occurred*

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): *The student did not want to complete his writing task. He got upset at a mistake he made and asked for an eraser. While waiting for a staff member to get him an eraser he started running around the room and touching people in the classroom. He was redirected to sit down and wait for the eraser to be brought to him. At this point he got more upset and started to run at staff members in the room, acting like he was going to hit or kick them. He was blocked from getting to close to a student, which made him more frustrated. He was asked to have a seat and take deep breaths to calm down. He refused. The student then ran at the staff member who was getting him the eraser, jumped up at her, and tried to grab it from her. The staff member asked him to stop and sit down, and to make a better choice. He continued to scream while the staff member was getting the eraser. When the staff member*

This was in a matter of 10 seconds.

came over he became more aggressive and started swinging at the staff that were near him. He was becoming more violent and the staff removed him from the room. On transport to the safe room, the student was very physically, kicking, hitting, and trying to bite the staff escorting him. His shoes were removed before he went into the safe room, he yelled at the staff, "no you don't bitch." He continued to scream and threaten that he would kill everyone for 20 minutes.

Witnesses: Tammy Pitzen, Angie DeStazio

NAME:

POSITION:

SIGNATURE:

Angie M DeStazio

DATE:

9/26/11

abby spangler

9/26/11

Sara T. J.

9/26/11

WAS FIRST AID GIVEN?: *Not needed*

IF YES , WHAT AND BY WHOM:

SIGNATURE OF PERSON

DATE:

WHO PROVIDED FIRST AID:

SIGNATURE OF PERSON

DATE:

WHO PROVIDED FIRST AID:

ADMINISTRATION SIGNATURE:

DATE: 9/26/11

[Handwritten Signature]

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care:

DATE:

Employee Signature

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: Orange

STATUS:

DATE OF OCCURANCE: 9/21/11

TIME: 9:45

LOCATION OF INCIDENT: classroom, hallway

NOTIFICATIONS BY STAFF:

Teacher: Abby Spangler

Date: 9/21/11

Time: 9:47

Administrator: Lindsey Greer

Date: 9/21/11

Time: 9:51

Parent/Guardian Called: ☐ YES ☒ NO

Date:

Time:

INTERVENTION(S) USED:

- ☒ Verbal Redirection
- ☒ Environmental Change
- ☐ Increased Supervision
- ☒ Block
- ☐ Physical Intervention:
- Type:
- ☐ Behavior Plan Followed
- Minutes:
- ☐ Medical Assist/First Aid
- ☐ Hospital/ER*
- ☐ Other:

INCIDENT SOURCE:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input checked="" type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: | |

INJURY TYPE: (Mark all that apply)

- | | | | | |
|---|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input checked="" type="checkbox"/> Other (Please Specify): none to student | | | | |

LOCATION OF INJURY (side of body, area on body): none to student

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): The student was sitting alone playing with a deck of cards. The student became very frustrated and then started yelling about noise. He said "the next time he hears a noise he would strangle them." Another student attempted to help him calm down, which frustrated the student more. A staff member asked the other student not to talk with the student at the moment and position herself between the two students. The staff asked the student to sit down at his desk to calm down. The student then screamed, "what are you going to pull the chair out from under me?" The staff redirected the student to sit down and calm down. Then the student attempted to run out of the classroom. The staff member blocked the door from opening at this time the student bit her. At this point the student yelled "I'm going to kill you...kinda" Then the student ran his shoulder into the staff's chest causing her to double over.

He was about to go after the staff member again, then 3 additional staff jumped in to block him from her. He became extremely physically aggressive and had to be removed from the situation. The student was taken to the safe room. During transport he remained physically violent, biting, kicking, and hitting when he could. He remained in the safe room for 15 minutes before he calmed down.

Witnesses: Laura Brady, Abby Spangler, Angie DeStazio

NAME:

POSITION:

SIGNATURE:

Abby Spangler

teacher

DATE:

9/21/11

Angie DeStazio

Para

9/21/11

Laura Brady

teacher

9/21/11

WAS FIRST AID GIVEN?: <i>none needed</i> SIGNATURE OF PERSON WHO PROVIDED FIRST AID:	IF YES , WHAT AND BY WHOM: DATE:
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: ADMINISTRATION SIGNATURE:	DATE: DATE: 9/21/11

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ *Employee Signature* **DATE:**

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: *Orange*

STATUS:

DATE OF OCCURANCE: *9/8/2011*

TIME: *10:00*

LOCATION OF INCIDENT: *classroom*

NOTIFICATIONS BY STAFF:

Teacher: *Abby Spangler*

Date: *9/8/2011*

Time: *10:00*

Administrator: *Mark Lafferty*

Date: *9/8/2011*

Time: *10:05*

Parent/Guardian Called: ☒ YES ☐ NO

Date: *9/8/2011*

Time: *10:25*

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☐ Increased Supervision

☒ Block

☒ Physical Intervention:

Type:

☐ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/ER*

☐ Other:

INCIDENT SOURCE:

☒ Bite

☐ Bumped Into

☐ Durling Transport

☐ Head Butt

☐ Heat

☐ Hair Pull

☒ Hit/Slap

☐ Insect

☐ Object

☒ Kick

☐ Pinch

☐ Scratch

☐ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

INJURY TYPE: (Mark all that apply)

☐ Bite

☐ Blister

☐ Cut

☐ Ingestion

☐ Bruise

☐ Chafed/Cracked

☐ Insect Bite/Sting

☐ Irritation/Rash

☐ Pinch Mark

☐ Scrape

☐ Scratch

☐ Burn

☐ Pressure Mark

☐ Redness

☐ Other (Please Specify):

LOCATION OF INJURY (side of body, area on body): *No injuries noted.*

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): *The class was eating snack. Student went to his lunch to take his food from there and was redirected that it was not time. The student yelled "this is not fair!" Student ran to the teachers desk, grabbed a pen and paper. The student was redirected again that you cannot take without asking. The student turned to the staff and yelled "You're going to die bitch!" The student then attempted to stab the staff with the pencil that was held. The staff blocked the pencil. The student grabbed that staff member and pulled the staff to the floor. The student then began hitting, kicking, and biting anyone within reach. The staff member held the students hand off. Two other staff stepped in and helped remove the student to the safe room. On route to the safe room the student kicked the staff in the face, hit each several times, then bit a staff member's arm hard leaving a mark. He also spit in a staff members*

face as he was being placed in the safe room. Once in the safe room the student remained aggressive and became more verbally aggressive. The student made repeated threats from the safe room such as "I am going to kill you all," "I am going to burn down the school," "I will make sure that you are dead," and "I am going to kill myself." The student also made comments such as "Go fuck yourself" and "You are all goddamned bitches." Continued verbal threats and derogatory phrases were said for about 30 minutes non-stop. As he was making the comments, he continued to fight with the staff member holding the door closed so he could open it and come out of the safe room for 45 minutes. The case worker was called and it was decided that the student be removed by the police to rescue.

Witnesses: Abby Spangler, Angie DeStazio, Laura Pierson

NAME:

POSITION:

SIGNATURE:

DATE: 9/8/2011

<u>Abby Spangler</u>	<u>Teacher</u>
<u>Angie DeStazio</u>	<u>paraprofessional</u>
<u>Laura Pierson</u>	<u>teacher</u>

WAS FIRST AID GIVEN?: <i>None</i> SIGNATURE OF PERSON WHO PROVIDED FIRST AID:	IF YES, WHAT AND BY WHOM: DATE:
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: ADMINISTRATION SIGNATURE: <i>Mark L. [Signature]</i>	DATE: DATE: <i>9/8/11</i>

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ *Employee Signature* **DATE:** _____

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: [REDACTED]
DATE OF OCCURANCE: 08/02/11 TIME: 10:15STATUS: Student
LOCATION OF INCIDENT: Sensory room

INTERVENTION(S) USED:

- ☐ Verbal Redirection
☐ Environmental Change
☐ Increased Supervision
☐ Block
☐ Physical Intervention:
Type: _____
☐ Behavior Plan Followed
Minutes: _____
☐ Medical Assist/First Aid
☐ Hospital/ER*
☒ Other: _____

NOTIFICATIONS BY STAFF:

Teacher: _____ Date: ____/____/____ Time: ____
Administrator: _____ Date: ____/____/____ Time: ____
Parent/Guardian Called: ☐ YES ☐ NO Date: ____/____/____ Time: ____

INCIDENT SOURCE:

- | | | |
|--|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input checked="" type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: _____ | |

X [REDACTED] in the stomach

INJURY TYPE: (Mark all that apply)

- | | | | | |
|---|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input checked="" type="checkbox"/> Other (Please Specify): _____ | | | | |

LOCATION OF INJURY (side of body, area on body): _____

Stomach

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

[REDACTED] came by and sat next to Miss Latoya. and then, [REDACTED] came by and sat next to Miss Latoya and was messing with [REDACTED]. [REDACTED] tried to push [REDACTED] away from himself. ([REDACTED]) [REDACTED] went from a vertical position laying to a horizontal position to [REDACTED]. Next, [REDACTED] let out some gas next to [REDACTED].

Witnesses: _____

NAME: _____

POSITION: _____

SIGNATURE: _____

DATE: ____/____/____

WAS FIRST AID GIVEN?: _____ IF YES, WHAT AND BY WHOM: _____

SIGNATURE OF PERSON

WHO PROVIDED FIRST AID: _____

DATE: ____/____/____

SIGNATURE OF PERSON
WHO COMPLETED FORM: _____

DATE: 1 / 1 /

ADMINISTRATION SIGNATURE: _____

DATE: 8/2/11

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____

DATE: _____

Employee Signature

and [REDACTED] got upset. Miss Latoya had a funny look on her face and body expression so I started to laugh. [REDACTED] thought I was laughing at him so he came over to me, and he kicked me as hard as he could in the stomach. So Miss Latoya and myself had [REDACTED] go into the safe room. She couldn't get out so she tried to calm him down. Eventually, after being in there from 5 to 10 minutes, he started to calm down. Miss Latoya and [REDACTED] came out and he said he was sorry.

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM:
DATE OF OCCURANCE: 8/25/11 TIME: 8:45STATUS: Student
LOCATION OF INCIDENT: _____

INTERVENTION(S) USED:

- ☐ Verbal Redirection
☐ Environmental Change
☐ Increased Supervision
☐ Block
☐ Physical Intervention:
 Type: _____
☐ Behavior Plan Followed
 Minutes: _____
☐ Medical Assist/First Aid
☐ Hospital/ER*
☐ Other: _____

NOTIFICATIONS BY STAFF:

Teacher: _____ Date: ____/____/____ Time: ____
 Administrator: _____ Date: ____/____/____ Time: ____
 Parent/Guardian Called: ☐ YES ☐ NO Date: ____/____/____ Time: ____

INCIDENT SOURCE:

- | | | |
|--|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input checked="" type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: _____ | |

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|--|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input checked="" type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input checked="" type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

LOCATION OF INJURY (side of body, area on body): _____

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

[REDACTED] wasn't walking down the stairs correctly. He was skipping steps, at a fast pace, and he was not holding on the railing. He received an injury to his right elbow (quite sized bump) and a possible bruise to his lower back. He received first aid and returned to class.

Witnesses: T.D.E.

NAME: Troy

POSITION: AED

SIGNATURE: _____

Troy D Ester

DATE: 8/25/11

WAS FIRST AID GIVEN?: _____ IF YES, WHAT AND BY WHOM: _____

SIGNATURE OF PERSON

WHO PROVIDED FIRST AID: _____ DATE: ____/____/____

SIGNATURE OF PERSON

WHO COMPLETED FORM: _____

DATE: 1 / 1 / _____

ADMINISTRATION SIGNATURE: _____

M. L. Lafferty

DATE: 8/25/11

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____

Employee Signature

DATE: _____

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THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: *Orange*

STATUS:

DATE OF OCCURANCE: *5/17/2011*

TIME: *10:00*

LOCATION OF INCIDENT: *classroom/hallway*

NOTIFICATIONS BY STAFF:

Teacher: *Abby Spangler*

Date: *5/17/2011*

Time: *10:00*

Administrator: *Mark Lafferty*

Date: *5/17/2011*

Time: *11:45*

Parent/Guardian Called: ☐ YES ☐ NO

Date:

Time:

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☐ Increased Supervision

☒ Block

☒ Physical Intervention:

Type:

☐ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/BR*

☐ Other:

INCIDENT SOURCE:

☒ Bite

☐ Bumped Into

☐ During Transport

☐ Head Butt

☐ Heat

☐ Hair Pull

☒ Hit/Slap

☐ Insect

☐ Object

☒ Kick

☐ Pinch

☐ Scratch

☐ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

INJURY TYPE: (Mark all that apply)

☒ Bite

☐ Blister

☐ Cut

☐ Ingestion

☐ Bruise

☐ Chafed/Cracked

☐ Insect Bite/Sting

☐ Irritation/Rash

☐ Pinch Mark

☐ Scrape

☐ Scratch

☐ Burn

☐ Pressure Mark

☐ Redness

☐ Other (Please Specify):

LOCATION OF INJURY (side of body, area on body): *hand and body*

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): *While working in centers the student, [REDACTED], became defiant and the staff member excused him to work quietly at his desk until he was ready to work. The staff member began to work with a different student. [REDACTED] preceded to interrupt the staff member who attempted to redirect the student back to his seat to work. [REDACTED] then picked up a three hole punch to try to hit the staff member with. A different staff member blocked the student and took the three hole punch from the student. The student then attempted to hit and kick anyone in the immediate area. Three staff members then removed the student from the classroom to the safe room to calm down. On the way to the safe room the student bit a staff member's hand while trying to hit and kick all around. The student continued to hit and kick the walls while saying inappropriate things to and about the teachers. He calmed down after 10 minutes and*

was able to talk to the teacher about the situation.

Witnesses: Abby Spangler

NAME: Abby Spangler

POSITION: Teacher

SIGNATURE: _____

Abby Spangler

DATE: 5/18/2011

THE AUTISM ACADEMY

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Red STATUS: Student
DATE OF OCCURRENCE: 1-21-09 TIME: 12:10 LOCATION OF INCIDENT: Classroom

INTERVENTION(S) USED: <input checked="" type="checkbox"/> Verbal Redirection <input checked="" type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Increased Supervision <input type="checkbox"/> Block <input type="checkbox"/> Physical Intervention: Type: <input type="checkbox"/> Behavior Plan Followed Minutes: <input type="checkbox"/> Medical Assist/First Aid <input type="checkbox"/> Hospital/ER* <input checked="" type="checkbox"/> Other: <u>removed to safe room</u>	NOTIFICATIONS BY STAFF: Teacher: <u>Mrs. Stong (sub)</u> Date: <u>1-21-09</u> Time: <u>12:00 P.M.</u> Administrator: _____ Date: _____ Time: _____ Parent/Guardian Called: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date: _____ Time: _____																					
INCIDENT SOURCE: <table border="0"> <tr> <td><input type="checkbox"/> Bite</td> <td><input type="checkbox"/> Bumped Into</td> <td><input type="checkbox"/> During Transport</td> </tr> <tr> <td><input type="checkbox"/> Head Butt</td> <td><input type="checkbox"/> Heat</td> <td><input type="checkbox"/> Hair Pull</td> </tr> <tr> <td><input checked="" type="checkbox"/> Hit/Slap</td> <td><input type="checkbox"/> Insect</td> <td><input type="checkbox"/> Object</td> </tr> <tr> <td><input type="checkbox"/> Kick</td> <td><input type="checkbox"/> Pinch</td> <td><input type="checkbox"/> Scratch</td> </tr> <tr> <td><input type="checkbox"/> Push/Shove</td> <td><input type="checkbox"/> Rub/Friction</td> <td><input type="checkbox"/> Med Refusal</td> </tr> <tr> <td><input type="checkbox"/> Slip/Trip/Fall</td> <td><input type="checkbox"/> Self-Injury</td> <td><input type="checkbox"/> Splinter</td> </tr> <tr> <td><input type="checkbox"/> Stubbed</td> <td><input type="checkbox"/> Unknown/Other: _____</td> <td></td> </tr> </table>		<input type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport	<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input type="checkbox"/> Hair Pull	<input checked="" type="checkbox"/> Hit/Slap	<input type="checkbox"/> Insect	<input type="checkbox"/> Object	<input type="checkbox"/> Kick	<input type="checkbox"/> Pinch	<input type="checkbox"/> Scratch	<input type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal	<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter	<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other: _____	
<input type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport																				
<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input type="checkbox"/> Hair Pull																				
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<input type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal																				
<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter																				
<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other: _____																					

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

[REDACTED] was having a difficult time. Several paras and the teacher tried to calm and redirect him. Another student walked by [REDACTED] and [REDACTED] slapped him on his back (open handed) and left a red mark on the student. [REDACTED] was taken to the safe room where he was calm, he was allowed to sit in the sensory room before returning to the Red room. [REDACTED] had increased supervision and was kept away from the other students.

Witnesses: Melissa Nawrock

NAME: Terrie Stong

TITLE: sub teacher

SIGNATURE: Terrie Stong

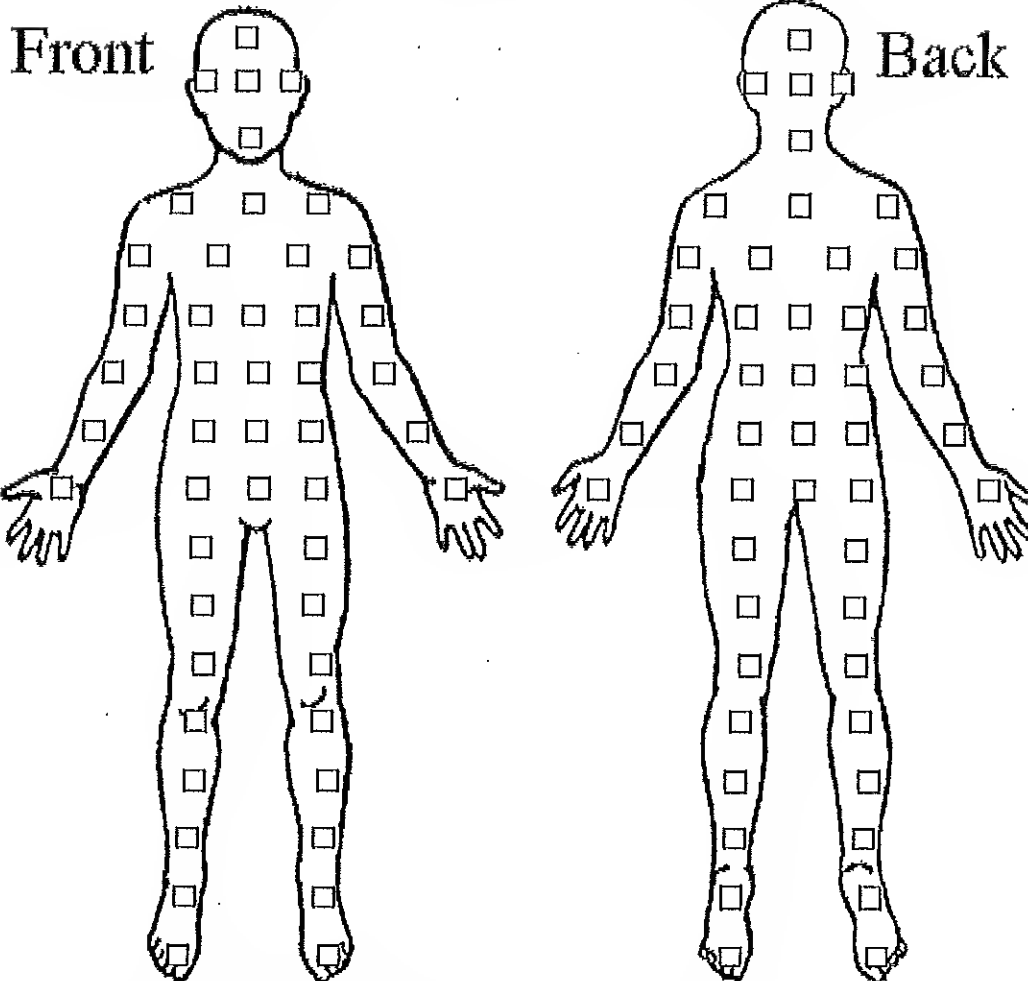
DATE: 1/21/09

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS:

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? <u>Yes</u> <input checked="" type="radio"/> <u>No</u> IF YES, WHAT AND BY WHOM: _____	
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: _____ DATE: _____	
SIGNATURE OF PERSON WHO COMPLETED FORM: _____ DATE: _____	
ADMINISTRATION SIGNATURE: <u>[Signature]</u> DATE: <u>01/21/09</u>	
*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.	
I <u>Refuse</u> Care: _____ DATE: _____ <i>Employee Signature</i>	

THE AUTISM ACADEMY

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Silver STATUS: Student
DATE OF OCCURANCE: May 9, 2008 TIME: 1:25 pm LOCATION OF INCIDENT: Sensory/ Safe Room

INTERVENTION(S) USED: <input type="checkbox"/> Verbal Redirection <input type="checkbox"/> Environmental Change <input type="checkbox"/> Increased Supervision <input type="checkbox"/> Block <input type="checkbox"/> Physical Intervention: Type: _____ <input type="checkbox"/> Behavior Plan Followed Minutes: _____ <input checked="" type="checkbox"/> Medical Assist/First Aid <input type="checkbox"/> Hospital/ER* <input type="checkbox"/> Other: _____	NOTIFICATIONS BY STAFF: Teacher: _____ Date: _____ Time: _____ Administrator: _____ Date: _____ Time: _____ Parent/Guardian Called: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date: _____ Time: _____																					
INCIDENT SOURCE: <table border="0"> <tr> <td><input type="checkbox"/> Bite</td> <td><input type="checkbox"/> Bumped Into</td> <td><input type="checkbox"/> During Transport</td> </tr> <tr> <td><input type="checkbox"/> Head Butt</td> <td><input type="checkbox"/> Heat</td> <td><input type="checkbox"/> Hair Pull</td> </tr> <tr> <td><input type="checkbox"/> Hit/Slap</td> <td><input type="checkbox"/> Insect</td> <td><input type="checkbox"/> Object</td> </tr> <tr> <td><input type="checkbox"/> Kick</td> <td><input type="checkbox"/> Pinch</td> <td><input checked="" type="checkbox"/> Scratch</td> </tr> <tr> <td><input type="checkbox"/> Push/Shove</td> <td><input type="checkbox"/> Rub/Friction</td> <td><input type="checkbox"/> Med Refusal</td> </tr> <tr> <td><input type="checkbox"/> Slip/Trip/Fall</td> <td><input checked="" type="checkbox"/> Self-Injury</td> <td><input type="checkbox"/> Splinter</td> </tr> <tr> <td><input type="checkbox"/> Stubbed</td> <td><input type="checkbox"/> Unknown/Other: _____</td> <td></td> </tr> </table>		<input type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport	<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input type="checkbox"/> Hair Pull	<input type="checkbox"/> Hit/Slap	<input type="checkbox"/> Insect	<input type="checkbox"/> Object	<input type="checkbox"/> Kick	<input type="checkbox"/> Pinch	<input checked="" type="checkbox"/> Scratch	<input type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal	<input type="checkbox"/> Slip/Trip/Fall	<input checked="" type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter	<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other: _____	
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<input type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal																				
<input type="checkbox"/> Slip/Trip/Fall	<input checked="" type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter																				
<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other: _____																					

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

[REDACTED] became mad because a picture of him was taken and he began to hit others and then went into the safe room, while in the safe room, he was playing with the light switch and while doing so cut right thumb on light switch in safe room.

Witnesses: Kandy DeLeon

NAME: Kandy DeLeon

TITLE: Paraprofessional

SIGNATURE: Kandy DeLeon

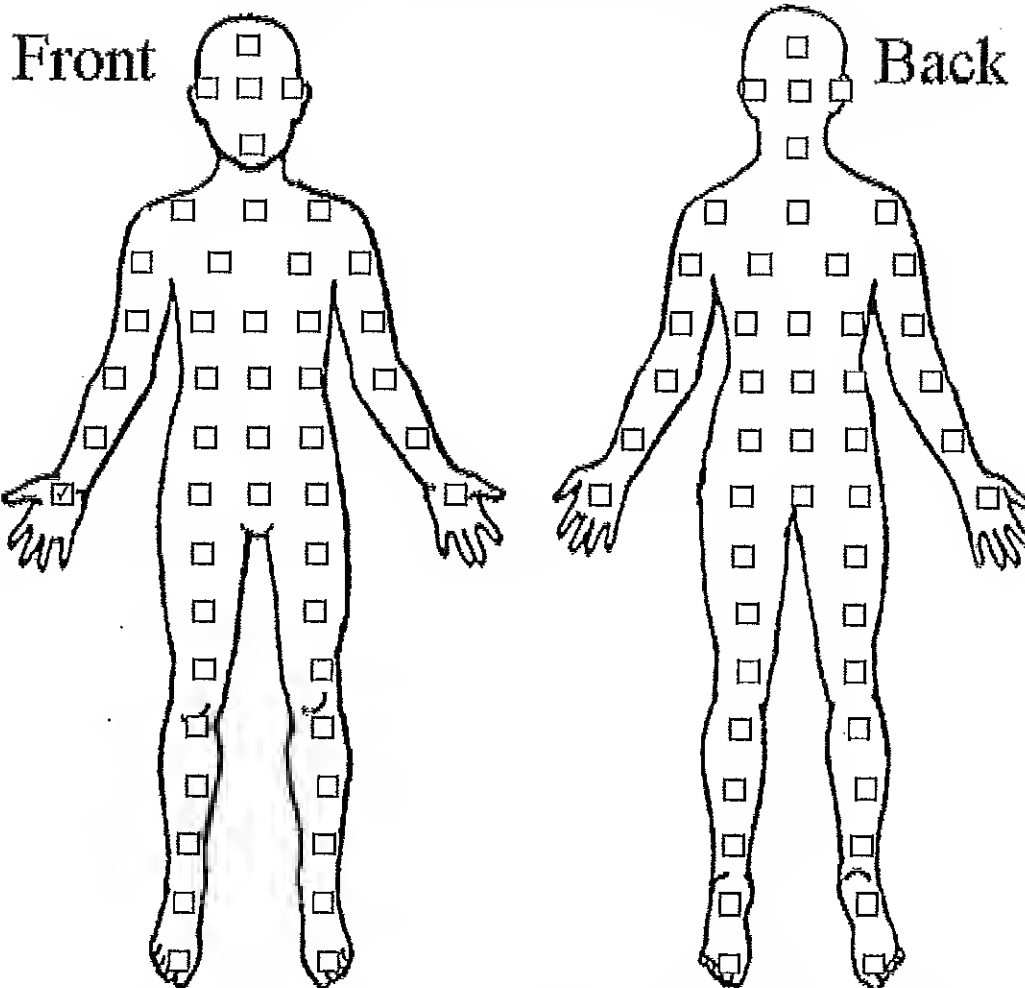
DATE: 5/9/08

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input checked="" type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS:

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? Yes/No IF YES, WHAT AND BY WHOM: clean cut and band-aid put on by Kandy DeLeon

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID: Kandy DeLeon

DATE: 5/9/08

SIGNATURE OF PERSON
WHO COMPLETED FORM: [Signature]

DATE: 5/9/08

ADMINISTRATION SIGNATURE: [Signature]

DATE: 5/9/08

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ DATE: _____
Employee Signature

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

 INDIVIDUAL: [REDACTED] CLASSROOM: Brown STATUS: Student
 DATE OF OCCURANCE: 9/29/08 TIME: 1:40 pm LOCATION OF INCIDENT: Classroom

INTERVENTION(S) USED:

- ☒ Verbal Redirection
☒ Environmental Change
☒ Increased Supervision
☒ Block
☒ Physical Intervention:
 Type: 3 Person Lift Into Rolling Chair
☐ Behavior Plan Followed
 Minutes: _____
☐ Medical Assist/First Aid
☐ Hospital/ER*
☐ Other: _____

NOTIFICATIONS BY STAFF:

 Teacher: _____ Date: 9/29/08 Time: _____
 Administrator: ☒ Date: 9/29/08 Time: 1:40 pm (In Room)
 Parent/Guardian Called: ☐ YES ☒ NO Date: 9/29/08 Time: _____

INCIDENT SOURCE:

- | | | |
|--|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input checked="" type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input checked="" type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input checked="" type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: _____ | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): After returning to classroom from Quiet Room, [REDACTED] began randomly hitting and pushing each of the other students. Staff in the room gave verbal direction to stop and tried to block access to other students. He then dropped to floor and refused to get up and walk to Safe Room. [REDACTED] proceeded to hit and kick staff. Three staff members then lifted him into rolling office chair and moved him to Safe Room. He stood up and dropped to floor. He remained there for between 10-15 min., then
 Witnesses: _____ voluntarily returned to classroom.

NAME: Shawn GeorgeTITLE: PCASIGNATURE: Shawn George Jessica HaleyDATE: 9/29/08

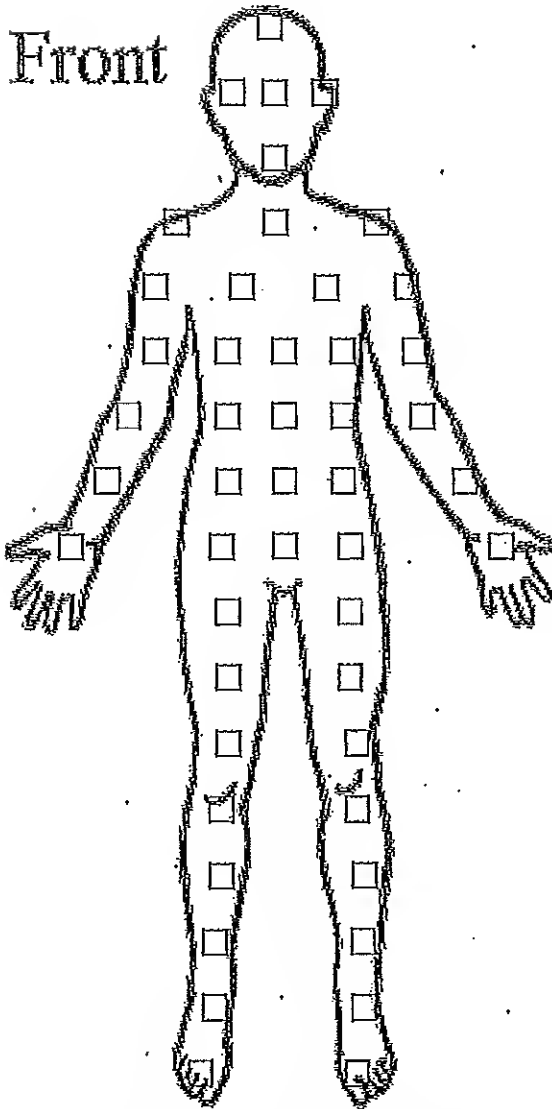
INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

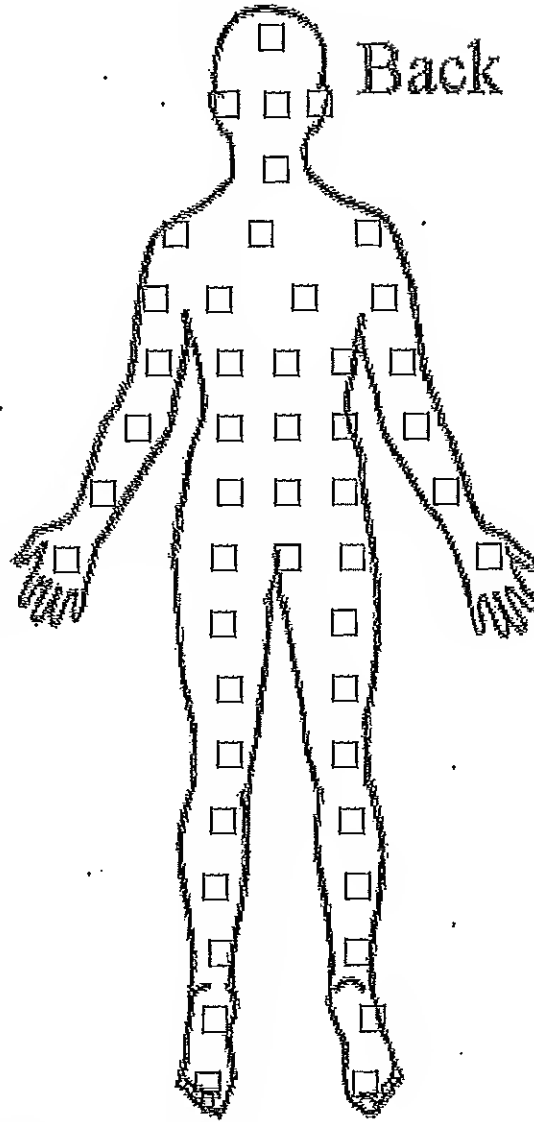
ADDITIONAL INJURY DETAILS: _____

Click the boxes below to identify the location/locations of any injuries.

Front



Back



WAS FIRST AID GIVEN?: _____ IF YES, WHAT AND BY WHOM: _____

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID: _____ DATE: ____/____/____

SIGNATURE OF PERSON
WHO COMPLETED FORM: _____ DATE: ____/____/____

ADMINISTRATION SIGNATURE:  DATE: 9/29/08

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ DATE: ____/____/____

Employee Signature

THE AUTISM ACADEMY, 219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: Orange

STATUS:

DATE OF OCCURANCE: 2/23/2012

TIME: 11:15am

LOCATION OF INCIDENT: Orange Room

NOTIFICATIONS BY STAFF:

Teacher:

Date:

Time:

Administrator: Lindsey Fischer

Date: 02/23/2012

Time: 11:30am

Parent/Guardian Called: ☐ YES ☒ NO

Date:

Time:

INTERVENTION(S) USED:

☐ Verbal Redirection

☐ Environmental Change

☒ Increased Supervision

☐ Block

☒ Physical Intervention:

Type:

☐ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/ER*

☐ Other:

INCIDENT SOURCE:

☐ Bite

☐ Bumped Into

☐ During Transport

☒ Head Butt

☐ Heat

☐ Hair Pull

☐ Hit/Slap

☐ Insect

☐ Object

☐ Kick

☐ Push

☐ Scratch

☐ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☐ Unknown/Other:

INJURY TYPE: (Mark all that apply)

☐ Bite

☐ Blister

☐ Cut

☐ Ingestion

☒ Bruise

☐ Chafed/Cracked

☐ Insect Bite/Sting

☐ Irritation/Rash

☐ Pinch Mark

☐ Scrape

☐ Scratch

☐ Burn

☐ Pressure Mark

☐ Redness

☒ Other (Please Specify): Swelling

LOCATION OF INJURY (side of body, area on body): Upper lip

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): [REDACTED] was the only student in his classroom and was being helped by Miss Tammy and Miss Kristen to calm down. He had become very upset when another student, who had also become upset, was removed from the classroom. [REDACTED] had become both verbally and physically aggressive with the staff, so minimal staff was left in the room to decrease the chaos. Miss Tammy and Miss Kristen were sitting with [REDACTED] on the bench in the classroom and felt [REDACTED] was finally feeling calm. [REDACTED] then turned towards Miss Kristen and head butted her in the face. Mr. Lafferty entered the room just after this happened and Miss Kristen left the environment. The staff required physical intervention to keep him and themselves safe for the remainder of the incident. The incident continued after this and [REDACTED] had not calmed down as of 1:00pm.

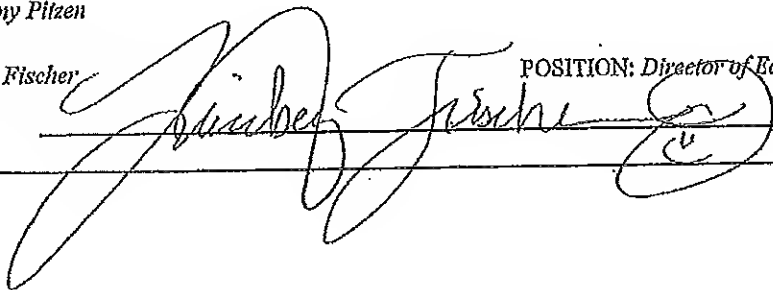
Witnesses: Tammy Pfitzen

NAME: Lindsey Fischer

POSITION: Director of Education

SIGNATURE:

DATE: 2/23/2012

A large, stylized handwritten signature in cursive script, appearing to read "Lindsey Fischer", is written over a horizontal line. The signature is enclosed within a rectangular box.

WAS FIRST AID GIVEN?: No

IF YES, WHAT AND BY WHOM:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

ADMINISTRATION SIGNATURE:

DATE: 2/23/12

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care:

DATE:

Employee Signature

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: GreenSTATUS: StudentDATE OF OCCURRENCE: 11/10/10TIME: 2:10pmLOCATION OF INCIDENT: Hallway

INTERVENTION(S) USED:

- ☒ Verbal Redirection
☒ Environmental Change
☒ Increased Supervision
☐ Block
☒ Physical Intervention:
Type: hold arms down
☐ Behavior Plan Followed
Minutes: _____
☐ Medical Assist/First Aid
☐ Hospital/ER*
☒ Other: Safe Room

NOTIFICATIONS BY STAFF:

Teacher: Smith Date: 11/10/10 Time: 2:10pm
Administrator: Lucy Date: 11/10/10 Time: 2:10pm
Parent/Guardian Called: ☐ YES ☒ NO Date: 1/1/11 Time: _____

INCIDENT SOURCE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input checked="" type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: _____ | |

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input checked="" type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

LOCATION OF INJURY (side of body, area on body): Teachers Kneck

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

While escorting [REDACTED] to the safe room, he became upset. He started to grab at me. He grabbed my shirt and scratched my kneck @ the same time.

Witnesses: None

NAME: _____

POSITION: _____

SIGNATURE: _____

DATE: 1/1/11WAS FIRST AID GIVEN?: Yes IF YES, WHAT AND BY WHOM: Self

SIGNATURE OF PERSON

WHO PROVIDED FIRST AID: [Signature]DATE: 11/10/10

SIGNATURE OF PERSON

WHO COMPLETED FORM:

Lynette Smith

DATE:

11/10/10

ADMINISTRATION SIGNATURE:

Mike W. [unclear]

DATE:

11/11/10

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care:

DATE:

Employee Signature

INCIDENT REPORT - THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Green
 DATE OF OCCURRENCE: 2/12/10 TIME: 10:30 AM/PM LOCATION OF INCIDENT: Safe Room
 DISCOVERY METHOD: ☐ Witnessed ☐ Pre-existing ☒ Reported ☐ Staff ☒ Student

INTERVENTION(S) USED: <input type="checkbox"/> Verbal Redirection <input type="checkbox"/> Environmental Change <input type="checkbox"/> Increased Supervision <input type="checkbox"/> Block <input type="checkbox"/> Physical Intervention: Type: _____ <input checked="" type="checkbox"/> Behavior Plan Followed Minutes: <u>10 mins</u> <input checked="" type="checkbox"/> Medical Assist/First Aid <input type="checkbox"/> Hospital/ER* <input type="checkbox"/> Other: <u>cleaned</u> <u>safe</u>	NOTIFICATIONS BY STAFF: Teacher: <u>Jennifer Wanaks</u> / / TIME: : AM/PM Administrator: / / TIME: : AM/PM Parent/Guardian Called: <input type="checkbox"/> YES <input type="checkbox"/> NO / / TIME: : AM/PM INCIDENT SOURCE: <table border="0"> <tr> <td><input type="checkbox"/> Bite</td> <td><input type="checkbox"/> Bumped Into</td> <td><input type="checkbox"/> During Transport</td> </tr> <tr> <td><input type="checkbox"/> Head Butt</td> <td><input type="checkbox"/> Heat</td> <td><input type="checkbox"/> Hair Pull</td> </tr> <tr> <td><input type="checkbox"/> Hit/Slap</td> <td><input type="checkbox"/> Insect</td> <td><input type="checkbox"/> Object</td> </tr> <tr> <td><input type="checkbox"/> Kick</td> <td><input type="checkbox"/> Pinch</td> <td><input type="checkbox"/> Scratch</td> </tr> <tr> <td><input type="checkbox"/> Push/Shove</td> <td><input checked="" type="checkbox"/> Rub/Friction</td> <td><input type="checkbox"/> Med Refusal</td> </tr> <tr> <td><input checked="" type="checkbox"/> Slip/Trip/Fall</td> <td><input checked="" type="checkbox"/> Self-Injury</td> <td><input type="checkbox"/> Splinter</td> </tr> <tr> <td><input type="checkbox"/> Stubbed</td> <td><input type="checkbox"/> Unknown/Other: _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport	<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input type="checkbox"/> Hair Pull	<input type="checkbox"/> Hit/Slap	<input type="checkbox"/> Insect	<input type="checkbox"/> Object	<input type="checkbox"/> Kick	<input type="checkbox"/> Pinch	<input type="checkbox"/> Scratch	<input type="checkbox"/> Push/Shove	<input checked="" type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal	<input checked="" type="checkbox"/> Slip/Trip/Fall	<input checked="" type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter	<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other: _____	
<input type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport																				
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<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other: _____																					

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input checked="" type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input checked="" type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

LOCATION OF INJURY: (side of body, area on body): left side of forehead

DESCRIPTION OF INCIDENT: (prior events and/or contributing factors)

[REDACTED] was put into Safe due to acting out behaviors. When he emerged from his time out he had the mark on his forehead.

Witnesses: Jason Woods - para.

PRINT NAME: Jennifer Wanaks **POSITION:** Teacher

SIGNATURE: Jennifer Wanaks **DATE:** 2/12/10

WHAT WILL BE DONE TO PREVENT THIS INCIDENT FROM OCCURRING AGAIN? / ADDITIONAL COMMENTS:

Double check the Safe room, assist students,

ADMINISTRATION SIGNATURE: [Signature] **DATE:** 2/12/10

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filed.

I Refuse Care: _____ **Date:** _____
 Employee Signature Form Board Approved 5/29/03

THE AUTISM ACADEMY

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Red Room STATUS: _____
DATE OF OCCURANCE: 3/10/09 TIME: 11:00 LOCATION OF INCIDENT: classroom

INTERVENTION(S) USED: <input type="checkbox"/> Verbal Redirection <input checked="" type="checkbox"/> Environmental Change <input type="checkbox"/> Increased Supervision <input type="checkbox"/> Block <input checked="" type="checkbox"/> Physical Intervention: Type: <u>removal from classroom</u> <input checked="" type="checkbox"/> Behavior Plan Followed Minutes: <u>safe room 2-10 minute ses</u> <input type="checkbox"/> Medical Assst/First Aid <input type="checkbox"/> Hospital/ER* <input type="checkbox"/> Other:	NOTIFICATIONS BY STAFF: Teacher: <u>Lindsey Greer</u> Date: <u>3/10/09</u> Time: <u>11:00</u> Administrator: <u>Anthony Gerke</u> Date: <u>3/10/09</u> Time: _____ Parent/Guardian Called: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: <u>3/10/09</u> Time: <u>3:00</u>																					
INCIDENT SOURCE: <table border="0"> <tr> <td><input checked="" type="checkbox"/> Bite</td> <td><input type="checkbox"/> Bumped Into</td> <td><input type="checkbox"/> During Transport</td> </tr> <tr> <td><input type="checkbox"/> Head Butt</td> <td><input type="checkbox"/> Heat</td> <td><input type="checkbox"/> Hair Pull</td> </tr> <tr> <td><input checked="" type="checkbox"/> Hit/Slap</td> <td><input type="checkbox"/> Insect</td> <td><input type="checkbox"/> Object</td> </tr> <tr> <td><input type="checkbox"/> Kick</td> <td><input type="checkbox"/> Pinch</td> <td><input type="checkbox"/> Scratch</td> </tr> <tr> <td><input type="checkbox"/> Push/Shove</td> <td><input type="checkbox"/> Rub/Friction</td> <td><input type="checkbox"/> Med Refusal</td> </tr> <tr> <td><input type="checkbox"/> Slip/Trip/Fall</td> <td><input type="checkbox"/> Self-Injury</td> <td><input type="checkbox"/> Splinter</td> </tr> <tr> <td><input type="checkbox"/> Stubbed</td> <td><input type="checkbox"/> Unknown/Other: _____</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport	<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input type="checkbox"/> Hair Pull	<input checked="" type="checkbox"/> Hit/Slap	<input type="checkbox"/> Insect	<input type="checkbox"/> Object	<input type="checkbox"/> Kick	<input type="checkbox"/> Pinch	<input type="checkbox"/> Scratch	<input type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal	<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter	<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other: _____	
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<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter																				
<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other: _____																					

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

[REDACTED] was moving from one learning center to the next and became very upset. He began to cry and looked to a visiting staff member for a hug. Once he was hugging her he started to tense up and pushing his jaw/teeth forcefully. He began to swing his arms and bite the staff member in the chest. As he went to bite her, [REDACTED] also reached up and grabbed her ponytail. The staff member was able to get his arms out from around her and he was escorted by the Miss Lindsey and Mr. Eddle to the saferoom.

Witnesses:

NAME: Megan Blosser

TITLE: Observing Student

SIGNATURE: [Signature]

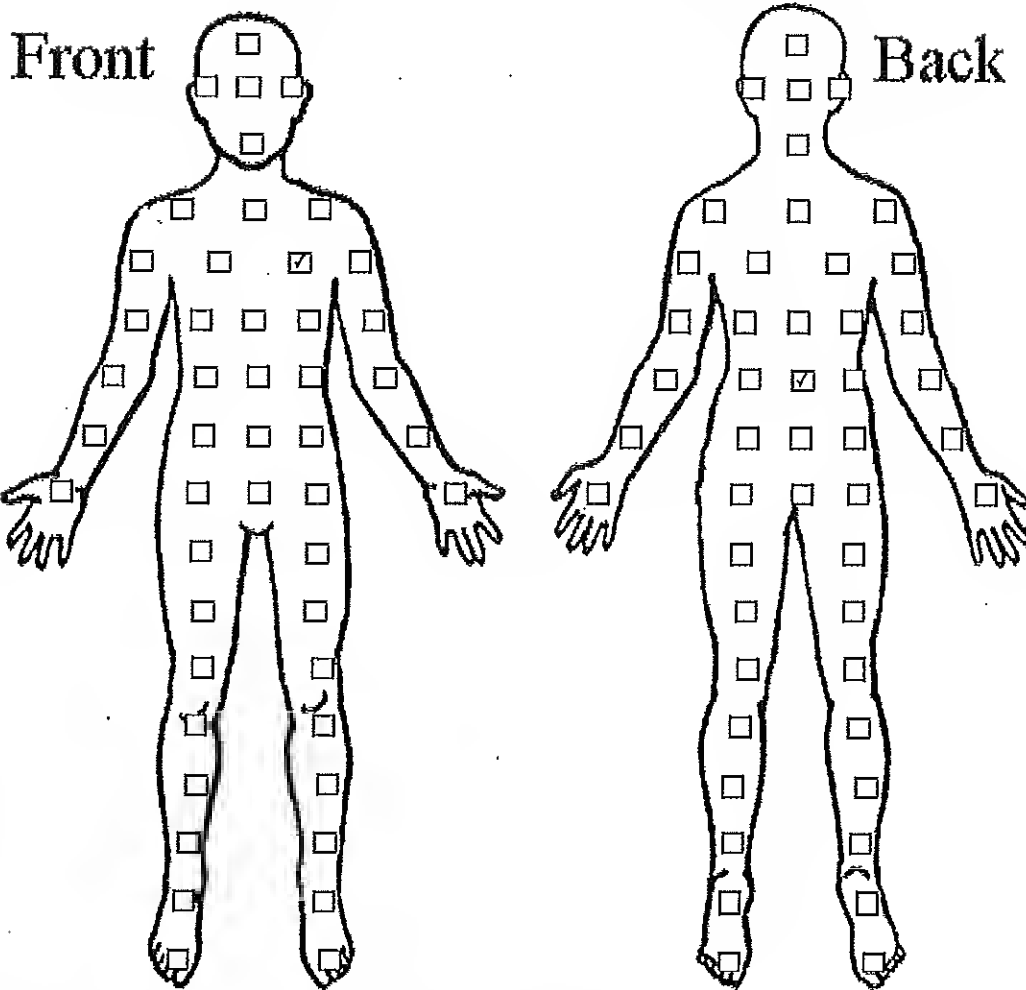
DATE: 3/10/09

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|---|---------------------------------|
| <input checked="" type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input checked="" type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS:

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? <u>Yes/No</u> IF YES, WHAT AND BY WHOM: <u>no</u>	
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: _____	DATE: _____
SIGNATURE OF PERSON WHO COMPLETED FORM: <u>[Signature]</u>	DATE: <u>1/22/09</u>
ADMINISTRATION SIGNATURE: <u>[Signature]</u>	DATE: <u>1/22/09</u>
*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.	
I <u>Refuse</u> Care: _____	DATE: _____
<i>Employee Signature</i>	

THE AUTISM ACADEMY

INCIDENT REPORT

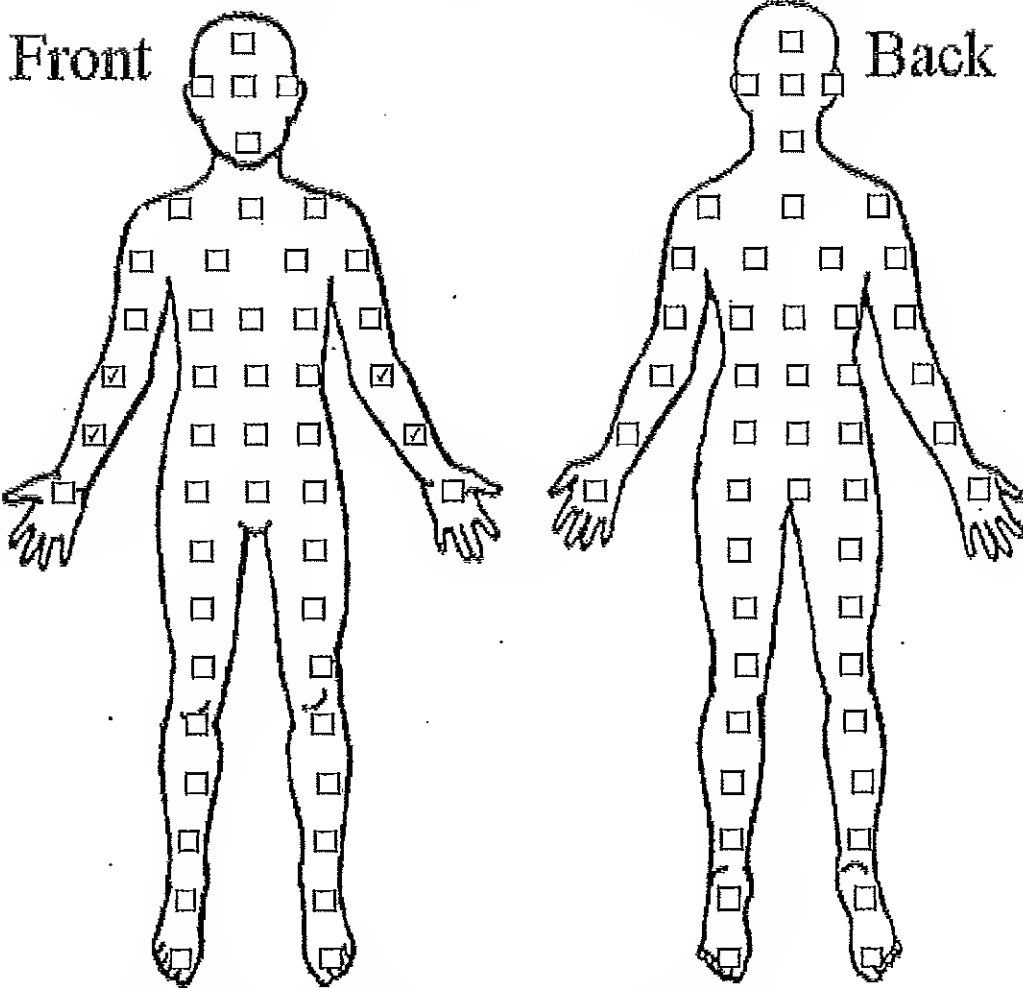
THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: CLASSROOM: yellow STATUS: student
DATE OF OCCURANCE: 5/27/2009 TIME: 10:00am LOCATION OF INCIDENT: yellow safe room

INTERVENTION(S) USED: <input type="checkbox"/> Verbal Redirection <input type="checkbox"/> Environmental Change <input type="checkbox"/> Increased Supervision <input type="checkbox"/> Block <input type="checkbox"/> Physical Intervention: Type: _____ <input type="checkbox"/> Behavior Plan Followed Minutes: _____ <input type="checkbox"/> Medical Assist/First Aid <input type="checkbox"/> Hospital/ER* <input type="checkbox"/> Other: _____	NOTIFICATIONS BY STAFF: Teacher: <u>CONNIE GALLOWAY</u> Date: <u>5/27/2009</u> Time: <u>10:00am</u> Administrator: _____ Date: _____ Time: _____ Parent/Guardian Called: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date: _____ Time: _____																					
INCIDENT SOURCE: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Bite</td> <td><input type="checkbox"/> Bumped Into</td> <td><input type="checkbox"/> During Transport</td> </tr> <tr> <td><input type="checkbox"/> Head Butt</td> <td><input type="checkbox"/> Heat</td> <td><input type="checkbox"/> Hair Pull</td> </tr> <tr> <td><input type="checkbox"/> Hit/Slap</td> <td><input type="checkbox"/> Insect</td> <td><input type="checkbox"/> Object</td> </tr> <tr> <td><input checked="" type="checkbox"/> Kick</td> <td><input type="checkbox"/> Pinch</td> <td><input type="checkbox"/> Scratch</td> </tr> <tr> <td><input type="checkbox"/> Push/Shove</td> <td><input type="checkbox"/> Rub/Friction</td> <td><input type="checkbox"/> Med Refusal</td> </tr> <tr> <td><input type="checkbox"/> Slip/Trip/Fall</td> <td><input type="checkbox"/> Self-Injury</td> <td><input type="checkbox"/> Splinter</td> </tr> <tr> <td><input type="checkbox"/> Stubbed</td> <td><input type="checkbox"/> Unknown/Other: _____</td> <td></td> </tr> </table>		<input type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport	<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input type="checkbox"/> Hair Pull	<input type="checkbox"/> Hit/Slap	<input type="checkbox"/> Insect	<input type="checkbox"/> Object	<input checked="" type="checkbox"/> Kick	<input type="checkbox"/> Pinch	<input type="checkbox"/> Scratch	<input type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal	<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter	<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other: _____	
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<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter																				
<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other: _____																					
DESCRIPTION OF INCIDENT (prior events and/or contributing factors): <p><u> </u> was in the safe room and started kicking the door with her bare foot (easier she took off her shoes and socks). Staff told her to stop. She continued to kick the door cutting her left big toe. Staff cleaned area and applied bandaid.</p>																						
Witnesses: <u>Terrl Sereptock</u> NAME: <u>Miss Dee</u> TITLE: <u>para</u> SIGNATURE: <u>Theresa Sereptock</u> DATE: <u>5-27-09</u>																						

INJURY TYPE: (Mark all that apply)				
<input type="checkbox"/> Bite <input type="checkbox"/> Chafed/Cracked <input type="checkbox"/> Scratch <input type="checkbox"/> Other (Please Specify): <u>none noted</u>	<input type="checkbox"/> Blister <input type="checkbox"/> Insect Bite/Sting <input type="checkbox"/> Burn	<input checked="" type="checkbox"/> Cut <input type="checkbox"/> Irritation/Rash <input type="checkbox"/> Pressure Mark	<input type="checkbox"/> Ingestion <input type="checkbox"/> Pinch Mark <input type="checkbox"/> Redness	<input type="checkbox"/> Bruise <input type="checkbox"/> Scrape
ADDITIONAL INJURY DETAILS: 				

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? <u>Yes/No</u> IF YES, WHAT AND BY WHOM: <u>Sherry Smeal</u>	
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: <u>Sherry Smeal</u>	DATE: <u>10/30/08</u>
SIGNATURE OF PERSON WHO COMPLETED FORM: <u>Sherry Smeal</u> DATE: <u>10/30/2008</u>	
ADMINISTRATION SIGNATURE: <u>[Signature]</u> DATE: <u>10/30/2008</u>	
*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.	
I <u>Refuse</u> Care: _____ DATE: _____ <div style="text-align: center;"><small>Employee Signature</small></div>	

THE AUTISM ACADEMY

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: yellow STATUS: student
DATE OF OCCURANCE: 4/3/2009 TIME: 2:50pm LOCATION OF INCIDENT: yellow classroom

INTERVENTION(S) USED:

- ☐ Verbal Redirection
- ☒ Environmental Change
- ☐ Increased Supervision
- ☐ Block
- ☐ Physical Intervention:
- Type:
- ☐ Behavior Plan Followed
- Minutes:
- ☐ Medical Assist/First Aid
- ☐ Hospital/ER*
- ☐ Other:

NOTIFICATIONS BY STAFF:

Teacher: CONNIE GALLOWAY Date: 4/3/2009 Time: 2:50pm
Administrator: _____ Date: _____ Time: _____
Parent/Guardian Called: ☐ YES ☒ NO Date: _____ Time: _____

INCIDENT SOURCE:

- | | | |
|--|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input checked="" type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input checked="" type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: _____ | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

[REDACTED] was sitting at group when a peer suddenly slapped her on the left side of face. [REDACTED] touched her face and staff asked if they could look at it. [REDACTED] let staff look at face and there appeared to be no marks/bruising. [REDACTED] was moved to a different location. Occasionally [REDACTED] would touch her face

Witnesses: Connie Galloway

NAME: Kemi and Ferri

TITLE: paras

SIGNATURE: [Signature]

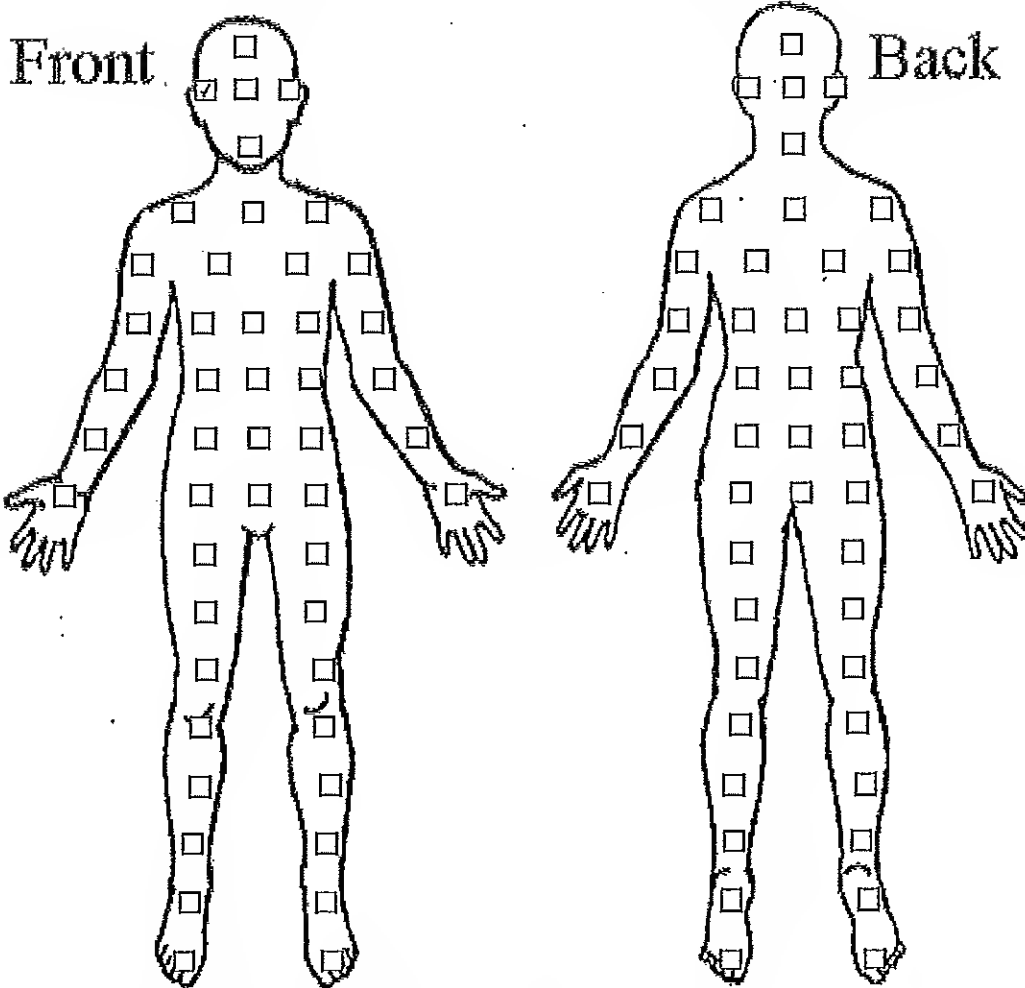
DATE: 4/3/09

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): <u>none noted</u> | | | | |

ADDITIONAL INJURY DETAILS:

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? Yes/No IF YES, WHAT AND BY WHOM: _____

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID: _____

DATE: _____

SIGNATURE OF PERSON
WHO COMPLETED FORM: _____ DATE: _____

ADMINISTRATION SIGNATURE: [Signature] DATE: 4/3/09

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ DATE: _____
Employee Signature

THE AUTISM ACADEMY

INCIDENT REPORT

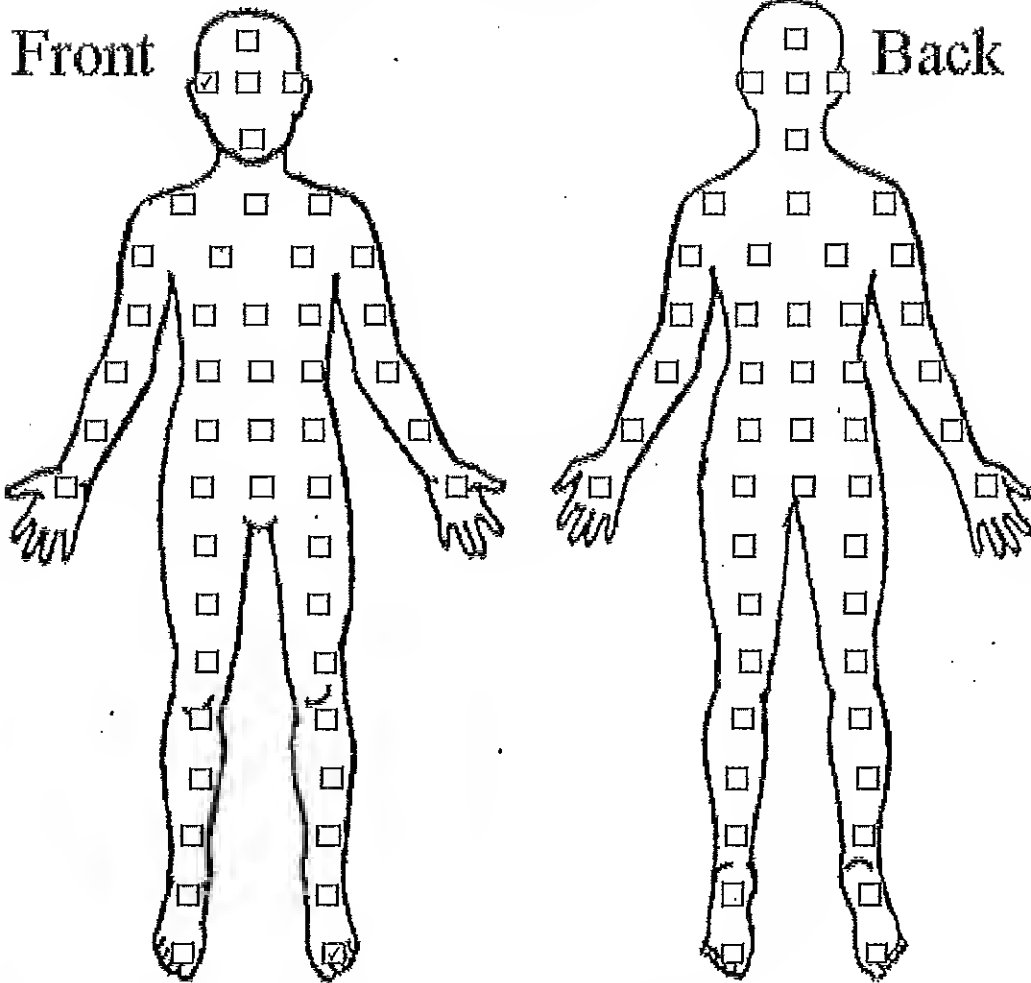
THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: CLASSROOM: Silver Room STATUS:
DATE OF OCCURANCE: 10/30/08 TIME: 12:45 pm LOCATION OF INCIDENT: Sensory Room

INTERVENTION(S) USED: <input checked="" type="checkbox"/> Verbal Redirection <input type="checkbox"/> Environmental Change <input type="checkbox"/> Increased Supervision <input type="checkbox"/> Block <input type="checkbox"/> Physical Intervention: Type: <u> </u> <input type="checkbox"/> Behavior Plan Followed Minutes: <u> </u> <input type="checkbox"/> Medical Assist/First Aid <input type="checkbox"/> Hospital/ER* <input checked="" type="checkbox"/> Other: <u> </u>	NOTIFICATIONS BY STAFF: Teacher: <u>Sherry Smeal</u> Date: <u>10/30/2008</u> Time: <u>12:45pm</u> Administrator: <u>Anthony Gerke</u> Date: <u>10/30/2008</u> Time: <u>12:50</u> Parent/Guardian Called: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: <u> </u> Time: <u> </u>																					
INCIDENT SOURCE: <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Bite</td> <td><input type="checkbox"/> Bumped Into</td> <td><input type="checkbox"/> During Transport</td> </tr> <tr> <td><input type="checkbox"/> Head Butt</td> <td><input type="checkbox"/> Heat</td> <td><input type="checkbox"/> Hair Pull</td> </tr> <tr> <td><input type="checkbox"/> Hit/Slap</td> <td><input type="checkbox"/> Insect</td> <td><input type="checkbox"/> Object</td> </tr> <tr> <td><input type="checkbox"/> Kick</td> <td><input type="checkbox"/> Pinch</td> <td><input type="checkbox"/> Scratch</td> </tr> <tr> <td><input type="checkbox"/> Push/Shove</td> <td><input type="checkbox"/> Rub/Friction</td> <td><input type="checkbox"/> Med Refusal</td> </tr> <tr> <td><input checked="" type="checkbox"/> Slip/Trip/Fall</td> <td><input type="checkbox"/> Self-Injury</td> <td><input type="checkbox"/> Splinter</td> </tr> <tr> <td><input type="checkbox"/> Stubbed</td> <td><input type="checkbox"/> Unknown/Other: <u> </u></td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport	<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input type="checkbox"/> Hair Pull	<input type="checkbox"/> Hit/Slap	<input type="checkbox"/> Insect	<input type="checkbox"/> Object	<input type="checkbox"/> Kick	<input type="checkbox"/> Pinch	<input type="checkbox"/> Scratch	<input type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal	<input checked="" type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter	<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other: <u> </u>	
<input checked="" type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport																				
<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input type="checkbox"/> Hair Pull																				
<input type="checkbox"/> Hit/Slap	<input type="checkbox"/> Insect	<input type="checkbox"/> Object																				
<input type="checkbox"/> Kick	<input type="checkbox"/> Pinch	<input type="checkbox"/> Scratch																				
<input type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal																				
<input checked="" type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter																				
<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other: <u> </u>																					
DESCRIPTION OF INCIDENT (prior events and/or contributing factors): <p><u> </u> was on the square swing in the sensory room. While swinging, the rope gave away and it fell to the ground. <u> </u> was not injured from the swinging falling, however he was very upset that his favorite sensory activity was broken. In his anger, <u> </u> was trying to bite himself. While in the safe room, <u> </u> was able to calm himself after several minutes, calm tones, and a weighted blanket. While <u> </u> was still in the safe room, I noticed that he had three bottom teeth marks on his arm. After calming with Miss Sherry in the safe room, we walked back to the classroom.</p>																						
Witnesses: <u>Tiffany Sullivan and Kandy Deleon</u> NAME: <u>Sherry Smeal</u> TITLE: <u>Intervention Specialist</u> SIGNATURE: <u><i>Sherry Smeal</i></u> DATE: <u>10/30/2008</u>																						

INJURY TYPE: (Mark all that apply)				
<input checked="" type="checkbox"/> Bite	<input type="checkbox"/> Blister	<input type="checkbox"/> Cut	<input type="checkbox"/> Ingestion	<input type="checkbox"/> Bruise
<input type="checkbox"/> Chafed/Cracked	<input type="checkbox"/> Insect Bite/Sting	<input type="checkbox"/> Irritation/Rash	<input type="checkbox"/> Pinch Mark	<input type="checkbox"/> Scrape
<input type="checkbox"/> Scratch	<input type="checkbox"/> Burn	<input type="checkbox"/> Pressure Mark	<input type="checkbox"/> Redness	
<input type="checkbox"/> Other (Please Specify): <u> </u>				
ADDITIONAL INJURY DETAILS: <div style="height: 40px;"></div>				

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? Yes/No If YES, WHAT AND BY WHOM: yes, Terre

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID: Theresa Sceptock

DATE: 5-27-09

SIGNATURE OF PERSON
WHO COMPLETED FORM:

DATE:

ADMINISTRATION SIGNATURE: [Signature]

DATE: 5/27/09

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ DATE: _____
Employee Signature

INCIDENT REPORT - THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Purple Room
 DATE OF OCCURRENCE: 12/14/2007 TIME: 2:20 AM/PM LOCATION OF INCIDENT: Purple Room
 DISCOVERY METHOD: ☒ Witnessed ☒ Pre-existing ☐ Reported ☒ Staff ☐ Student

INTERVENTION(S) USED:

- ☒ Verbal Redirection
☒ Environmental Change
☐ Increased Supervision
☒ Block
☒ Physical Intervention:
 Type: _____
☐ Behavior Plan Followed
 Minutes: _____
☐ Medical Assist/First Aid
☐ Hospital/ER*
☒ Other: Safe Room

NOTIFICATIONS BY STAFF:

Teacher: _____ / / TIME: _____ AM/PM
 Administrator: _____ / / TIME: _____ AM/PM
 Parent/Guardian Called: ☐ YES ☐ NO _____ / / TIME: _____ AM/PM

INCIDENT SOURCE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input checked="" type="checkbox"/> Unknown/Other: <u>Episode</u> | |

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

LOCATION OF INJURY: (side of body, area on body): _____

DESCRIPTION OF INCIDENT: (prior events and/or contributing factors)

[REDACTED] was angry.
 He started to throw things across the classroom.
 We asked him to pick them up. He was asked
 to go to the safe room. He ripped up [REDACTED] ^{locker} ~~locker~~ sign. After
 a while in the safe room he was fine. Ms. Chris, Mr. Mike
 Witnesses: _____

PRINT NAME: Michael Campbell POSITION: Para

SIGNATURE: Michael Campbell DATE: 12/14/2007

WHAT WILL BE DONE TO PREVENT THIS INCIDENT FROM OCCURRING AGAIN? / ADDITIONAL COMMENTS:

ADMINISTRATION SIGNATURE: [Signature] DATE: 12/14/07

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filed.

I Refuse Care: _____ Date: _____

Employee Signature

Form Board Approved 6/29/03

THE AUTISM ACADEMY,
219 Page St., Toledo, OH 43620

INCIDENT REPORT THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: *Purple Room*

STATUS: *Student*

DATE OF OCCURANCE: *8/31/09*

TIME: *13:30*

LOCATION OF INCIDENT: *Gymnasium*

NOTIFICATIONS BY STAFF:

Teacher: *Scott Bylow*

Date: *8/31/09*

Time:

Administrator: *Mark Lafferty*

Date: *8/31/09*

Time: *14:20*

Parent/Guardian Called: ☒ YES ☐ NO

Date: *8/31/09*

Time: *13:40*

INTERVENTION(S) USED:

☒ Verbal Redirection

☒ Environmental Change

☒ Increased Supervision

☒ Block

☒ Physical Intervention:

Type:

☒ Behavior Plan Followed

Minutes:

☐ Medical Assist/First Aid

☐ Hospital/ER*

☐ Other:

INCIDENT SOURCE:

☐ Bite

☐ Bumped Into

☐ During Transport

☐ Head Butt

☐ Heat

☐ Hair Pull

☒ Hit/Slap

☐ Insect

☐ Object

☒ Kick

☐ Pinch

☐ Scratch

☐ Push/Shove

☐ Rub/Friction

☐ Med Refusal

☐ Slip/Trip/Fall

☐ Self-Injury

☐ Splinter

☐ Stubbed

☒ Unknown/Other: *Verbal threats*

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

● was redirected in the gymnasium for not following classroom rules and was asked to sit. ● raised his chair and attempted to throw; chair was removed and he kicked at Mr. Scott and attempted to hit. The student was escorted to the safe room for 10 minutes and then back to the classroom. ● behavior did not improve as he verbally threatened with violence and began to destroy school supplies. His foster parent was called and informed about his behavior. He continued to misbehave and was escorted to sensory to calm. He eventually calmed and was directed to complete school work that was missed while he was in the safe and sensory rooms.

Witnesses: *Christine Simmons*

NAME:

Scott Bylow *Christine Simmons* *8/31/09* Teacher

SIGNATURE:

DATE: *8/31/09*

INJURY TYPE: (Mark all that apply)

<input type="checkbox"/> Bite	<input type="checkbox"/> Blister	<input type="checkbox"/> Cut	<input type="checkbox"/> Ingestion	<input type="checkbox"/> Bruise
<input type="checkbox"/> Chafed/Cracked	<input type="checkbox"/> Insect Bite/Sting	<input type="checkbox"/> Irritation/Rash	<input type="checkbox"/> Pinch Mark	<input type="checkbox"/> Scrape
<input type="checkbox"/> Scratch	<input type="checkbox"/> Burn	<input type="checkbox"/> Pressure Mark	<input type="checkbox"/> Redness	
<input type="checkbox"/> Other (Please Specify):				

ADDITIONAL INJURY DETAILS:

WAS FIRST AID GIVEN?: No IF YES, WHAT AND BY WHOM:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID:

DATE:

ADMINISTRATION SIGNATURE:

DATE: 8/31/09

Mr. L. L. L.

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care:

DATE:

Employee Signature

THE AUTISM ACADEMY

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: _____ CLASSROOM: Purple STATUS: Student
DATE OF OCCURANCE: 5/28/2009 TIME: 13:45 LOCATION OF INCIDENT: Gymnasium

INTERVENTION(S) USED:

- ☒ Verbal Redirection
- ☒ Environmental Change
- ☒ Increased Supervision
- ☒ Block
- ☐ Physical Intervention:
- Type: _____
- ☒ Behavior Plan Followed
- Minutes: 20 minutes
- ☐ Medical Assist/First Aid
- ☐ Hospital/BR*
- ☐ Other: _____

NOTIFICATIONS BY STAFF:

Teacher: Scott Bylow Date: 5/28/09 Time: 13:45
Administrator: _____ Date: _____ Time: _____
Parent/Guardian Called: ☒ YES ☐ NO Date: 5/28/2009 Time: 3:00

INCIDENT SOURCE:

- | | | |
|--|--|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input checked="" type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input checked="" type="checkbox"/> Unknown/Other: <u>verbal threats</u> | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

The student returned from vocational and left for the gymnasium when his classmates were finished with lunch. The student took a can of soda to the gymnasium and was asked to give it to the teacher. He became upset and began calling other students in the class names and making verbal threats. He was asked to sit quietly for the remainder of recess due to his behavior. He continued to verbalize his frustration and cursed at his teacher and classmates. He was directed to move away from the other students as he approached with a pencil in a threatening manner. As the teacher was walking with him to the other end of the gymnasium, he attempted to stab at Mr. Scott with his pencil. The attempt was blocked and he was escorted to the Safe Room. During the escort, he did not resist but verbally threatened Mr. Scott. He was in the safe room for 15 minutes. He was then asked if he was ready to get back to his class schedule. He apologized and was fine until he left for home. The student's foster parent was called before he left for home.

Witnesses: _____

NAME: _____ TITLE: _____

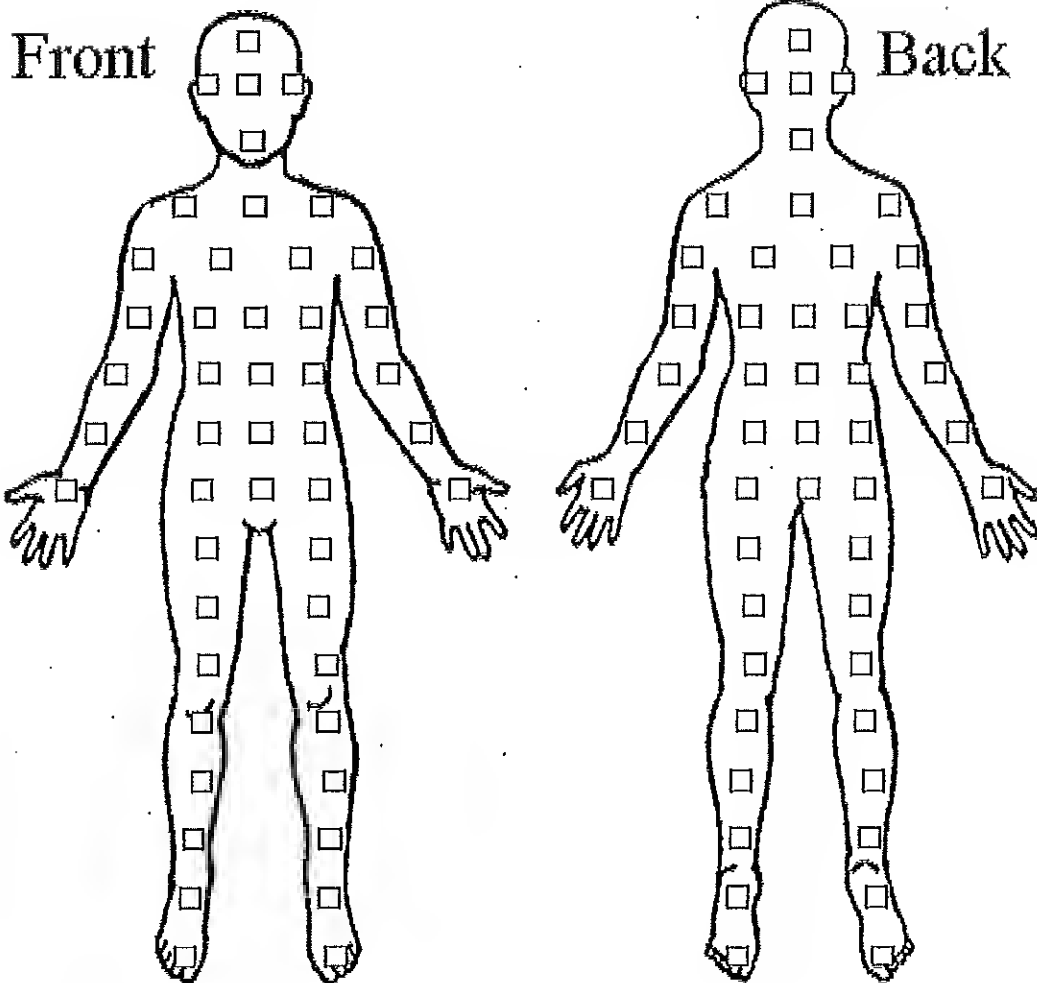
SIGNATURE: _____ DATE: _____

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS:

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? <u>Yes/No</u> IF YES, WHAT AND BY WHOM: _____	
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: _____	DATE: _____
SIGNATURE OF PERSON WHO COMPLETED FORM: <u>[Signature]</u>	DATE: <u>5/29/09</u>
ADMINISTRATION SIGNATURE: <u>[Signature]</u>	DATE: <u>5/29/09</u>
*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.	
I <u>Refuse</u> Care: _____	DATE: _____
<i>Employee Signature</i>	

THE AUTISM ACADEMY

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Brown STATUS: student
DATE OF OCCURANCE: 5/22/08 TIME: 12:20 LOCATION OF INCIDENT: sensory Room

INTERVENTION(S) USED:

- ☒ Verbal Redirection
- ☐ Environmental Change
- ☒ Increased Supervision
- ☒ Block
- ☐ Physical Intervention:
- Type:
- ☒ Behavior Plan Followed
- Minutes:
- ☐ Medical Asslt/First Aid
- ☐ Hospital/ER*
- ☐ Other:

NOTIFICATIONS BY STAFF:

Teacher: KATIE BENTLE Date: _____ Time: _____
Administrator: _____ Date: _____ Time: _____
Parent/Guardian Called: ☐ YES ☐ NO Date: _____ Time: _____

INCIDENT SOURCE:

- | | | |
|---|--|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input checked="" type="checkbox"/> Unknown/Other: <u>twisting wrist</u> | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

During the Brown Rooms second sensory time in the afternoon, [REDACTED] was on a platform swing and [REDACTED] was walking past him. He then picked up a colored ribbon off the floor and threw it in [REDACTED] face. [REDACTED] then threw it back at him. The Staff told [REDACTED] to stop throwing it at [REDACTED] but he wouldn't listen. He threw it at her for a few seconds, then [REDACTED] threw it back, he grabbed her wrist hard and threw her arm away from him. Then their teacher walked over and told [REDACTED] to get in the safe room because he should not be putting his hand on anybody. He refused and started swearing. He slowly moved closer to the sensory room, but then grabbed his teachers wrist and tried turning it to break it. He kept saying "I'm going to break your wrist". With the help of other staff she was able to get her wrist free, unharmed. Then Mr. Anthony and other staff entered with another student and MR. Anthony intervened.

Witnesses: Jessica Varner, Jennifer Parker, Shawn Geary

NAME: Katie Bentle TITLE: Teacher

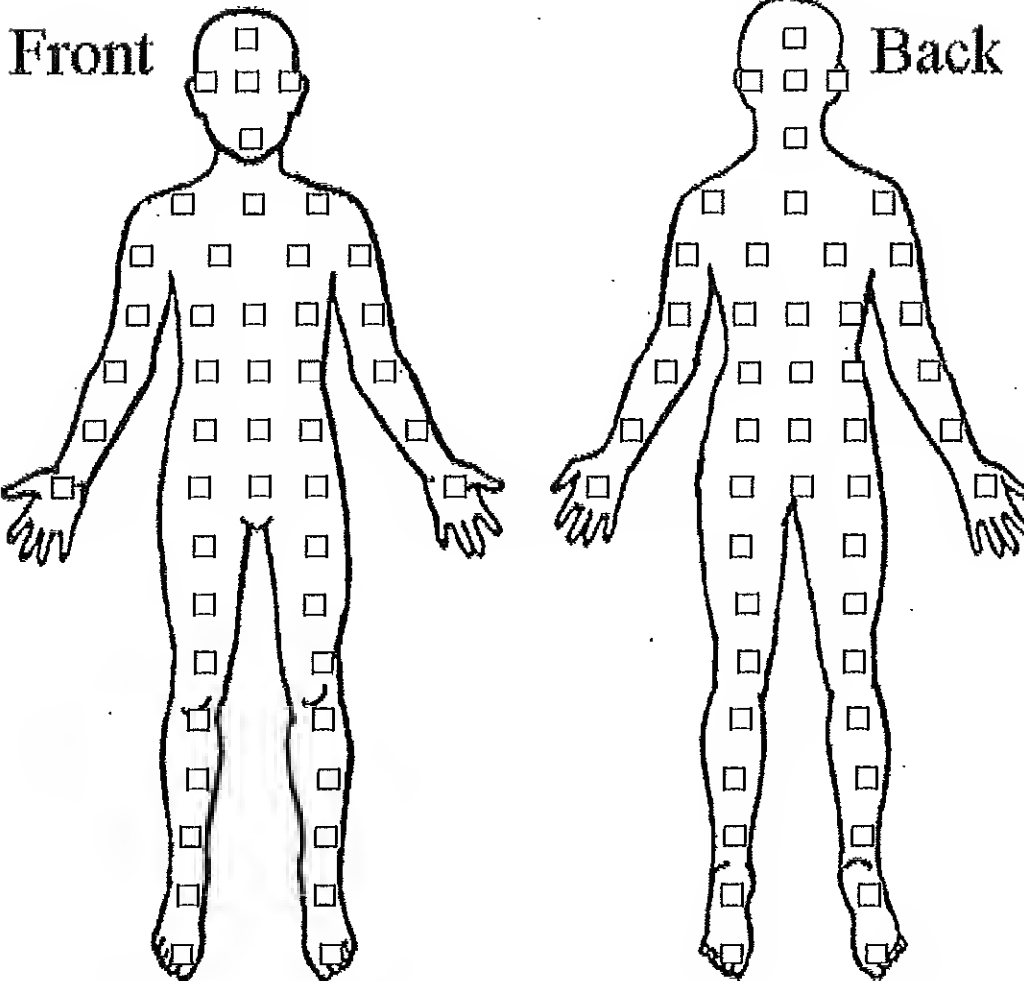
SIGNATURE: Katie Bentle Jessica Varner DATE: 5/23/08

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS:

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> IF YES, WHAT AND BY WHOM: _____	
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: _____ DATE: _____	
SIGNATURE OF PERSON WHO COMPLETED FORM: <u>Kate Benth</u> DATE: <u>5.28.08</u>	
ADMINISTRATION SIGNATURE: <u>[Signature]</u> DATE: <u>5/28/08</u>	
*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.	
I <u>Refuse</u> Care: _____ DATE: _____ <i>Employee Signature</i>	

THE AUTISM ACADEMY

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLBO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Brown STATUS: Student
DATE OF OCCURANCE: 5/23/08 TIME: morning LOCATION OF INCIDENT: classroom

INTERVENTION(S) USED:

- ☒ Verbal Redirection
- ☒ Environmental Change
- ☒ Increased Supervision
- ☒ Block
- ☒ Physical Intervention:
Type: hold hands to prevent injury
- ☒ Behavior Plan Followed
Minutes: _____
- ☐ Medical Assist/First Aid
- ☐ Hospital/ER*
- ☐ Other: _____

NOTIFICATIONS BY STAFF:

Teacher: KATIE BENTLE Date: _____ Time: _____
Administrator: _____ Date: _____ Time: _____
Parent/Guardian Called: ☐ YES ☐ NO Date: _____ Time: _____

INCIDENT SOURCE:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> Durling Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input checked="" type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input checked="" type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input checked="" type="checkbox"/> Unknown/Other: <u>punch</u> | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

In the morning, on the way back from Sensory [REDACTED] was using disrespectful language towards teachers and students. HE then refused to go into the safe room inside the Brown Room. He became physical when he tried to block the door of the classroom when other people were trying to get inside the room. When he finally got inside the safe room he started kicking his teachers and threatening them saying he was going to break their wrists. HE made several attempts to grab their wrists and continued to kick them. He also carved profanity into the wood door frame. At that point Mr. Anthony came and he was taken out of the room.

During lunch, [REDACTED] had spent time in the lunchroom making fun of students and teachers, trying to push a para with a table, trying to break a para's lunch box, and threatening to hurt a female student. On the way up the stair back up to the room, [REDACTED] continued to insult his teachers and use disrespectful language. Three of his teachers tried to guide him into the safe room in the Brown Room but he refused and became physical. HE kicked and shoved his teachers and threatened to break their wrists. He tried multiple times to get ahold of their wrists with some success, when his teachers tried to hold his hands to prevent him from grabbing them, he hit one of them on the wrist. He then threatened to punch one of his teachers in the face and lightly punched one of them in the mouth. This is where Mr. Anthony came in and [REDACTED] was taken elsewhere.

Witnesses: Jessica Varner, Jennifer Parker, Katie Bentle

NAME: Katie Bentle

TITLE: Teacher

SIGNATURE: Jennifer Parker

Katie Bentle

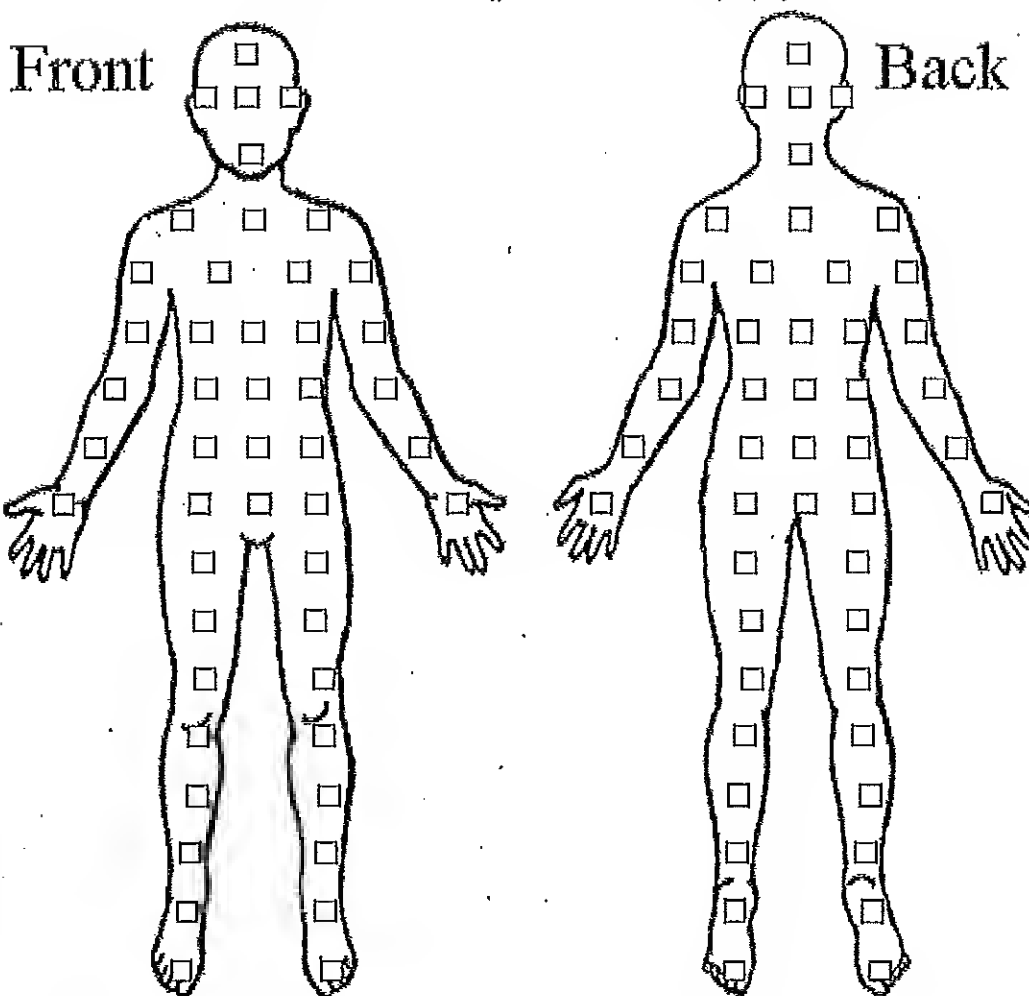
DATE: 5/23/08

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS:

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> IF YES, WHAT AND BY WHOM: _____	
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: _____ DATE: _____	
SIGNATURE OF PERSON WHO COMPLETED FORM: <u>Katie Benth</u> DATE: <u>5-28-08</u>	
ADMINISTRATION SIGNATURE: <u>[Signature]</u> DATE: <u>5/28/08</u>	
*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.	
I <u>Refuse</u> Care: _____ DATE: _____ <i>Employee Signature</i>	

THE AUTISM ACADEMY

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Brown STATUS: student
DATE OF OCCURRENCE: 5/27/08 TIME: 10:00 LOCATION OF INCIDENT: Classroom

INTERVENTION(S) USED: <input checked="" type="checkbox"/> Verbal Redirection <input checked="" type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Increased Supervision <input checked="" type="checkbox"/> Block <input type="checkbox"/> Physical Intervention: Type: _____ <input checked="" type="checkbox"/> Behavior Plan Followed Minutes: _____ <input type="checkbox"/> Medical Assist/First Aid <input type="checkbox"/> Hospital/BR* <input type="checkbox"/> Other: _____	NOTIFICATIONS BY STAFF: Teacher: <u>KATIE BENTLE</u> Date: _____ Time: _____ Administrator: _____ Date: _____ Time: _____ Parent/Guardian Called: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Time: _____																					
INCIDENT SOURCE: <table border="0"> <tr> <td><input type="checkbox"/> Bite</td> <td><input type="checkbox"/> Bumped Into</td> <td><input type="checkbox"/> During Transport</td> </tr> <tr> <td><input type="checkbox"/> Head Butt</td> <td><input type="checkbox"/> Heat</td> <td><input type="checkbox"/> Hair Pull</td> </tr> <tr> <td><input type="checkbox"/> Hit/Slap</td> <td><input type="checkbox"/> Insect</td> <td><input type="checkbox"/> Object</td> </tr> <tr> <td><input type="checkbox"/> Kick</td> <td><input type="checkbox"/> Pinch</td> <td><input type="checkbox"/> Scratch</td> </tr> <tr> <td><input checked="" type="checkbox"/> Push/Shove</td> <td><input type="checkbox"/> Rub/Friction</td> <td><input type="checkbox"/> Med Refusal</td> </tr> <tr> <td><input type="checkbox"/> Slip/Trip/Fall</td> <td><input type="checkbox"/> Self-Injury</td> <td><input type="checkbox"/> Spitter</td> </tr> <tr> <td><input type="checkbox"/> Stubbed</td> <td colspan="2"><input checked="" type="checkbox"/> Unknown/Other: <u>punch</u></td> </tr> </table>		<input type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport	<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input type="checkbox"/> Hair Pull	<input type="checkbox"/> Hit/Slap	<input type="checkbox"/> Insect	<input type="checkbox"/> Object	<input type="checkbox"/> Kick	<input type="checkbox"/> Pinch	<input type="checkbox"/> Scratch	<input checked="" type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal	<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Spitter	<input type="checkbox"/> Stubbed	<input checked="" type="checkbox"/> Unknown/Other: <u>punch</u>	
<input type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport																				
<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input type="checkbox"/> Hair Pull																				
<input type="checkbox"/> Hit/Slap	<input type="checkbox"/> Insect	<input type="checkbox"/> Object																				
<input type="checkbox"/> Kick	<input type="checkbox"/> Pinch	<input type="checkbox"/> Scratch																				
<input checked="" type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal																				
<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Spitter																				
<input type="checkbox"/> Stubbed	<input checked="" type="checkbox"/> Unknown/Other: <u>punch</u>																					

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

Katie Bentle and Jennifer Parker had told [REDACTED] that he needed to go into the time-out room to calm down. While trying to get [REDACTED] into the room with a block between Phillip and the teachers, [REDACTED] punched Katie in the arm and then the stomach. Then he scratched Jennifer while she tried to put the block in front of her. He then punched her in the chest.

Witnesses: Jen Parker, Katie Bentle, Shawn George

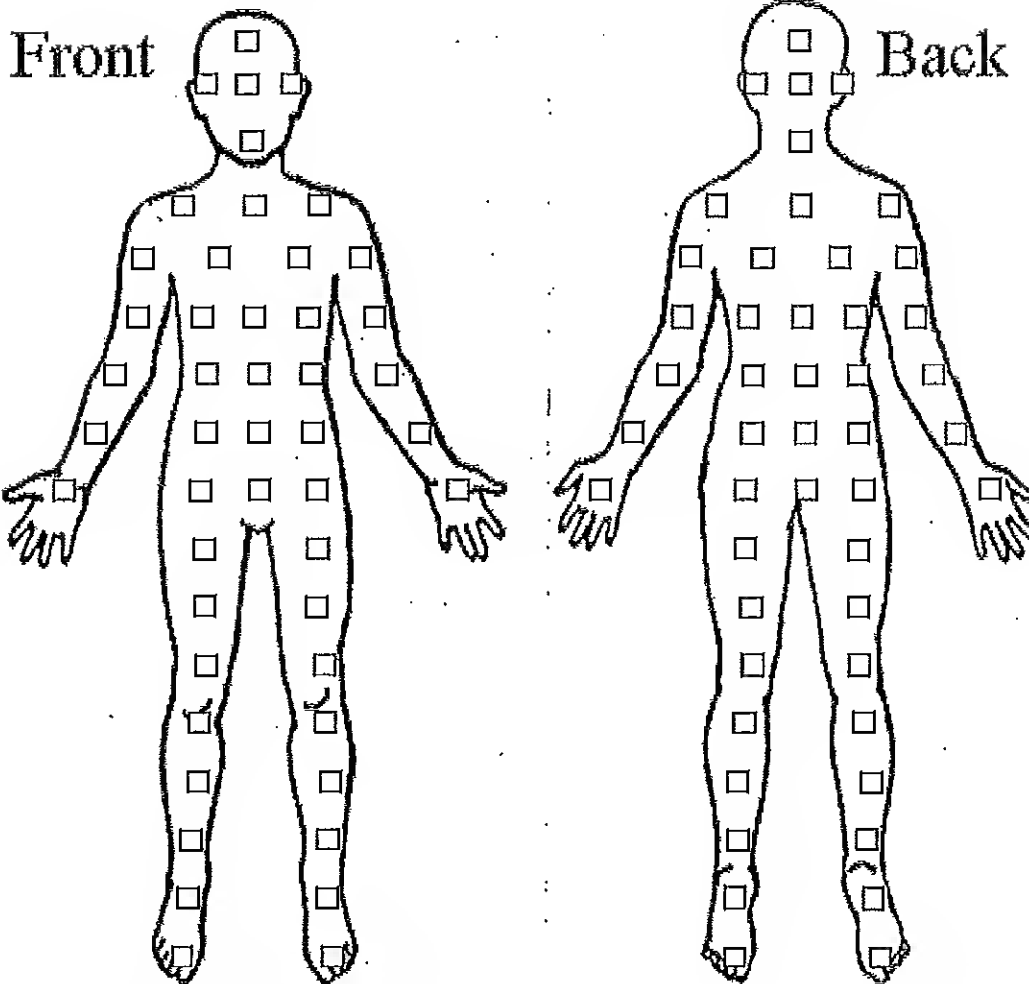
NAME: Jen Parker TITLE: Paraprofessional
SIGNATURE: Jennifer Parker, Katie Bentle DATE: 5/27/08

INJURY TYPE: (Mark all that apply)

<input type="checkbox"/> Bite	<input type="checkbox"/> Blister	<input type="checkbox"/> Cut	<input type="checkbox"/> Ingestion	<input type="checkbox"/> Bruise
<input type="checkbox"/> Chafed/Cracked	<input type="checkbox"/> Insect Bite/Sting	<input type="checkbox"/> Irritation/Rash	<input type="checkbox"/> Pinch Mark	<input type="checkbox"/> Scrape
<input type="checkbox"/> Scratch	<input type="checkbox"/> Burn	<input type="checkbox"/> Pressure Mark	<input type="checkbox"/> Redness	
<input type="checkbox"/> Other (Please Specify): _____				

ADDITIONAL INJURY DETAILS:

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? Yes <input checked="" type="radio"/> No <input type="radio"/> IF YES, WHAT AND BY WHOM: _____	
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: _____ DATE: _____	
SIGNATURE OF PERSON WHO COMPLETED FORM: _____ DATE: _____	
ADMINISTRATION SIGNATURE: <u>Jennifer Parker</u> DATE: <u>5/28/08</u>	
*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.	
I Refuse Care: _____ DATE: _____ <i>Employee Signature</i>	

THE AUTISM ACADEMY

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Brown STATUS: Student
DATE OF OCCURANCE: 5/29/08 TIME: 8:15 LOCATION OF INCIDENT: Van/Stairway/Hallway/G

INTERVENTION(S) USED:

- ☒ Verbal Redirection
- ☐ Environmental Change
- ☒ Increased Supervision
- ☒ Block
- ☒ Physical Intervention:
Type: team control position
- ☒ Behavior Plan Followed
Minutes: _____
- ☐ Medical Assists/First Aid
- ☐ Hospital/ER*
- ☐ Other: _____

NOTIFICATIONS BY STAFF:

Teacher: KATIE BENTLE Date: _____ Time: _____
Administrator: _____ Date: _____ Time: _____
Parent/Guardian Called: ☐ YES ☐ NO Date: _____ Time: _____

INCIDENT SOURCE:

- | | | |
|--|--|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input checked="" type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input checked="" type="checkbox"/> Unknown/Other: <u>punch, twist wrist</u> | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

As one of [REDACTED] teachers went to get him out of the van, he refused to open the door. After a few minutes he finally go out and stated quickly walking away from his teacher and refused to stop. He ran to another teacher from a different room and started talking inappropriately to her. On the way into the building he continued to talk inappropriately and refused to stop. As he was walking up the stairs, he pulled a granola bar out of his pocket and tried to eat it. He was told to put it back in his pocket but refused to and started cursing the rest of the way up the stairs. When he got to his locker he was told to put the granola bar in his backpack and then in his locker. He refused to and crumpled it up. He then threw the crumpled up granola bar on the floor. After a few minutes he picked it up and kicked his locker shut. He was told to go into the safe room to calm down, but he refused. He stood in the doorway and threatened to punch three of his teachers. He acted like he was going to throw the granola bar at them as well. When he started kicking three of his teachers numerous times, he was physically guided into the safe room. On the way in there, he grabbed at his teacher's arms and wrists. He got a hold on one of his teacher's wrists and twisted it to try and break it. He was then put into a CPI restraint. That restraint was the Team Control Position. After about a minute or two, he calmed down very quickly and was released from the restraint. After he finally sat down, he sat in the safe room for fifteen minutes.

Witnesses: Katie Bentle, Shawn George, Jen Parker

NAME: Jessica Varner

TITLE: Paraprofessional

SIGNATURE: Jessica Varner, Katie Bentle

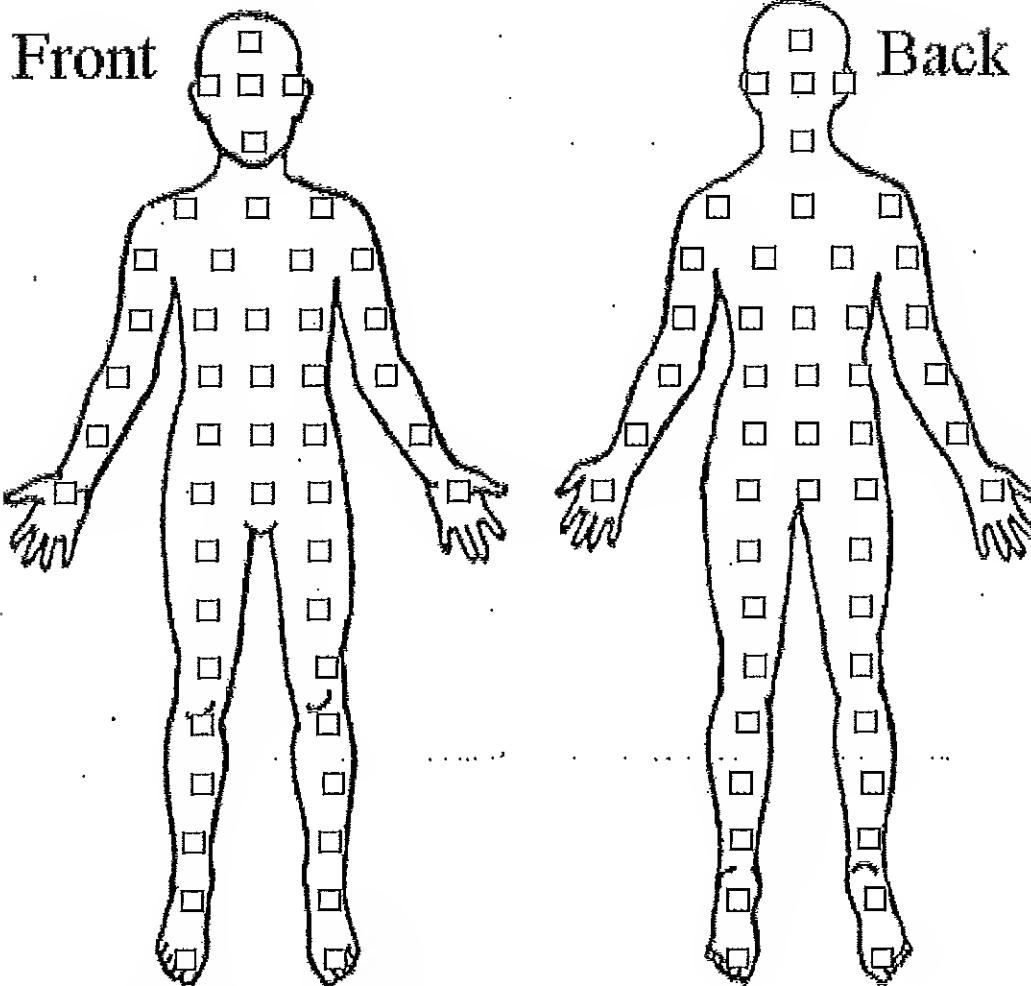
DATE: 5/29/08

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|--|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input checked="" type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS:

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? Yes/No IF YES, WHAT AND BY WHOM: _____

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID: _____

DATE: _____

SIGNATURE OF PERSON
WHO COMPLETED FORM: Jessica Vainer DATE: 5/29/08

ADMINISTRATION SIGNATURE: [Signature] DATE: 5/29/08

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ DATE: _____

Employee Signature

THE AUTISM ACADEMY

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Brown STATUS: student
DATE OF OCCURANCE: 5/29/08 TIME: 1:40pm LOCATION OF INCIDENT: classroom

INTERVENTION(S) USED:

- ☒ Verbal Redirection
- ☒ Environmental Change
- ☒ Increased Supervision
- ☒ Block
- ☐ Physical Intervention:
- Type:
- ☒ Behavior Plan Followed
- Minutes:
- ☐ Medical Assist/First Aid
- ☐ Hospital/ER*
- ☐ Other:

NOTIFICATIONS BY STAFF:

Teacher: KATIE BENTLE Date: _____ Time: _____
Administrator: _____ Date: _____ Time: _____
Parent/Guardian Called: ☐ YES ☐ NO Date: _____ Time: _____

INCIDENT SOURCE:

- | | | |
|--|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input checked="" type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input checked="" type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input checked="" type="checkbox"/> Scratch |
| <input checked="" type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: _____ | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

When sitting down to do spelling immediately after Sensory [REDACTED] was told to sit at a certain side of a table next to a teacher, he said no and sat at the other side of the table. He was told to move so that another teacher could sit there and to move to where his teacher had originally told him to sit. He got up and took his chair with him to move. He was told to set his chair down and take the chair that was already there. He called the teacher a bad name and refused to sit down. At that point the teacher directed him to the saferoom in the Brown Room where he refused to go in. A para joined her with a floor mat in between them and [REDACTED] tried to kick them in the doorway of the safe room (his back was to the safe room) he also made several attempts to scratch his teacher and said he was going to break her wrist and kill all of his teachers. He scratched himself on the right forearm several times on the edge of the floor mat when he was trying to scratch/punch his teacher. At that point Mr. Anthony was called and he came to esc [REDACTED] to the safe room but he sensory Room. Here [REDACTED] calmed down and then came back to do his work.

Witnesses: Shawn George

NAME: Katie Bentle TITLE: Teacher

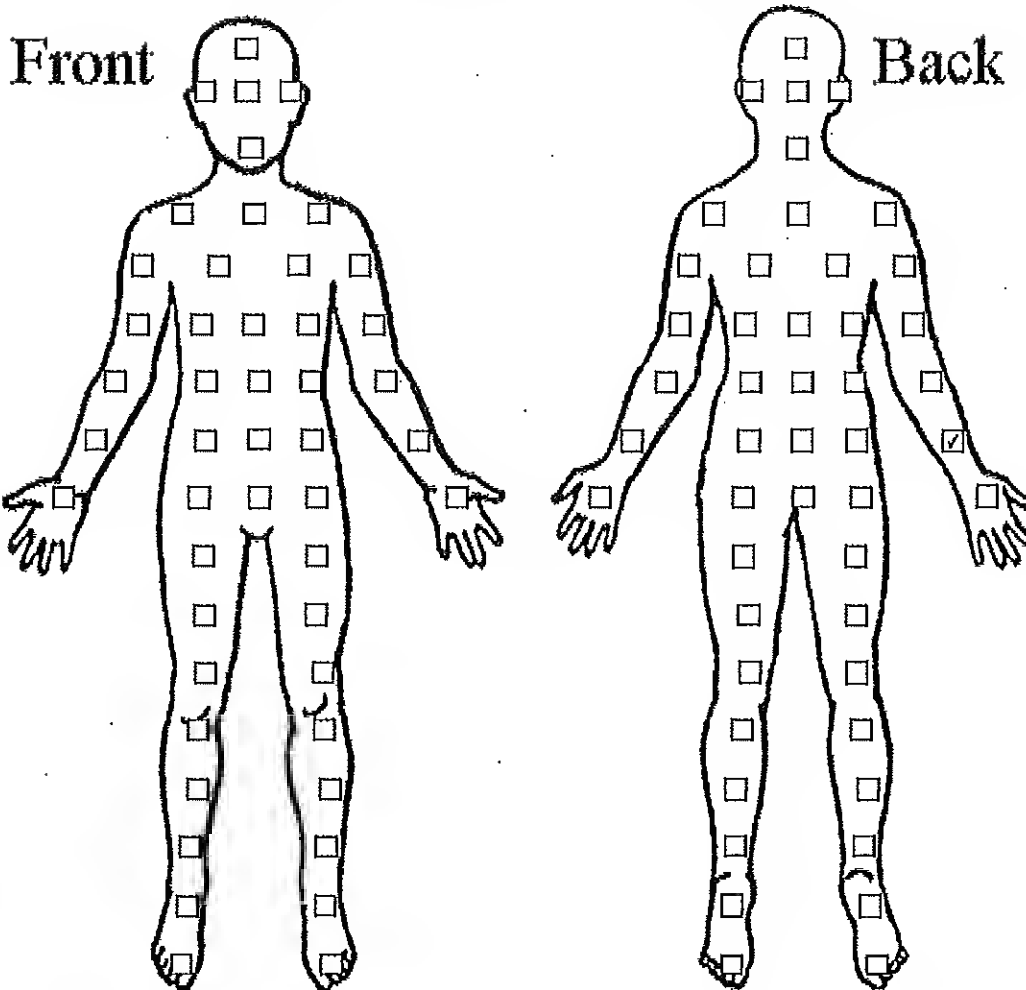
SIGNATURE: Katie Bentle Shawn George DATE: 5/29/08

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input checked="" type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS:

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? <u>Yes/No</u> IF YES, WHAT AND BY WHOM: _____	
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: _____ DATE: _____	
SIGNATURE OF PERSON WHO COMPLETED FORM: <u>Kathie Bentu</u> DATE: <u>5-29-08</u>	
ADMINISTRATION SIGNATURE: <u>[Signature]</u> DATE: <u>5/29/08</u>	
*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.	
I Refuse Care: _____ DATE: _____ <i>Employee Signature</i>	

THE AUTISM ACADEMY

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLBOO, OH 43620

INDIVIDUAL: CLASSROOM: Brown STATUS: student
DATE OF OCCURANCE: 5/30/08 TIME: 8:30am LOCATION OF INCIDENT: classroom

INTERVENTION(S) USED: <input checked="" type="checkbox"/> Verbal Redirection <input checked="" type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Increased Supervision <input checked="" type="checkbox"/> Block <input checked="" type="checkbox"/> Physical Intervention: Type: <u>team control position</u> <input checked="" type="checkbox"/> Behavior Plan Followed Minutes: <u> </u> <input type="checkbox"/> Medical Assist/First Aid <input type="checkbox"/> Hospital/ER* <input type="checkbox"/> Other: <u> </u>	NOTIFICATIONS BY STAFF: Teacher: <u>KATIE BENTLE</u> Date: <u> </u> Time: <u> </u> Administrator: <u> </u> Date: <u> </u> Time: <u> </u> Parent/Guardian Called: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: <u> </u> Time: <u> </u>																					
INCIDENT SOURCE: <table border="0"> <tr> <td><input type="checkbox"/> Bite</td> <td><input type="checkbox"/> Bumped Into</td> <td><input type="checkbox"/> During Transport</td> </tr> <tr> <td><input type="checkbox"/> Head Butt</td> <td><input type="checkbox"/> Heat</td> <td><input type="checkbox"/> Hair Pull</td> </tr> <tr> <td><input type="checkbox"/> Hit/Slap</td> <td><input type="checkbox"/> Insect</td> <td><input type="checkbox"/> Object</td> </tr> <tr> <td><input checked="" type="checkbox"/> Kick</td> <td><input type="checkbox"/> Pinch</td> <td><input type="checkbox"/> Scratch</td> </tr> <tr> <td><input checked="" type="checkbox"/> Push/Shove</td> <td><input type="checkbox"/> Rub/Friction</td> <td><input type="checkbox"/> Med Refusal</td> </tr> <tr> <td><input type="checkbox"/> Slip/Trip/Fall</td> <td><input type="checkbox"/> Self-Injury</td> <td><input type="checkbox"/> Splinter</td> </tr> <tr> <td><input type="checkbox"/> Stabbed</td> <td colspan="2"><input checked="" type="checkbox"/> Unknown/Other: <u>punch</u></td> </tr> </table>		<input type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport	<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input type="checkbox"/> Hair Pull	<input type="checkbox"/> Hit/Slap	<input type="checkbox"/> Insect	<input type="checkbox"/> Object	<input checked="" type="checkbox"/> Kick	<input type="checkbox"/> Pinch	<input type="checkbox"/> Scratch	<input checked="" type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal	<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter	<input type="checkbox"/> Stabbed	<input checked="" type="checkbox"/> Unknown/Other: <u>punch</u>	
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<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter																				
<input type="checkbox"/> Stabbed	<input checked="" type="checkbox"/> Unknown/Other: <u>punch</u>																					

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

 came to school using profanity and acting very disrespectful to his teachers. When he was told to get into his classroom's safe room he refused and used profanity. He then started kicking his teachers. A partial mat was set up to block the kicks. He then tried to grab at his teacher's wrist and said he was going to break her wrist and tried to punch his teacher on the hands. The teacher and a para then tried to hold his hands so he could not hurt anyone else. He started kicking again and balling his fists up very tight ready to punch. That's when he was restrained by Jessica and Shawn using the team control position. He had to be restrained for 15 minutes because he kept using profanity and refused to calm down. When asked if he was ready to calm down (several times) he would say "No" and "I'm going to kill all of you". He also tried to struggle against the restraint. Eventually he did calm down and was released, however a few minutes afterwards he began his disruptive behavior again and was transported to the safe room by Jessica and Katie using the transport position. During this transport he struggled with his teachers and punched his teacher once in the back. When they got him in the safe room kept pulling on the door knob to keep the door open. Mr. Anthony then came up and talked with Phillip. Phillip then stayed in the room for about 5 minutes until he was calm.

Witnesses: Jessica Varner, Shawn George, Jen Parker

NAME: Katie Bentle TITLE: Teacher

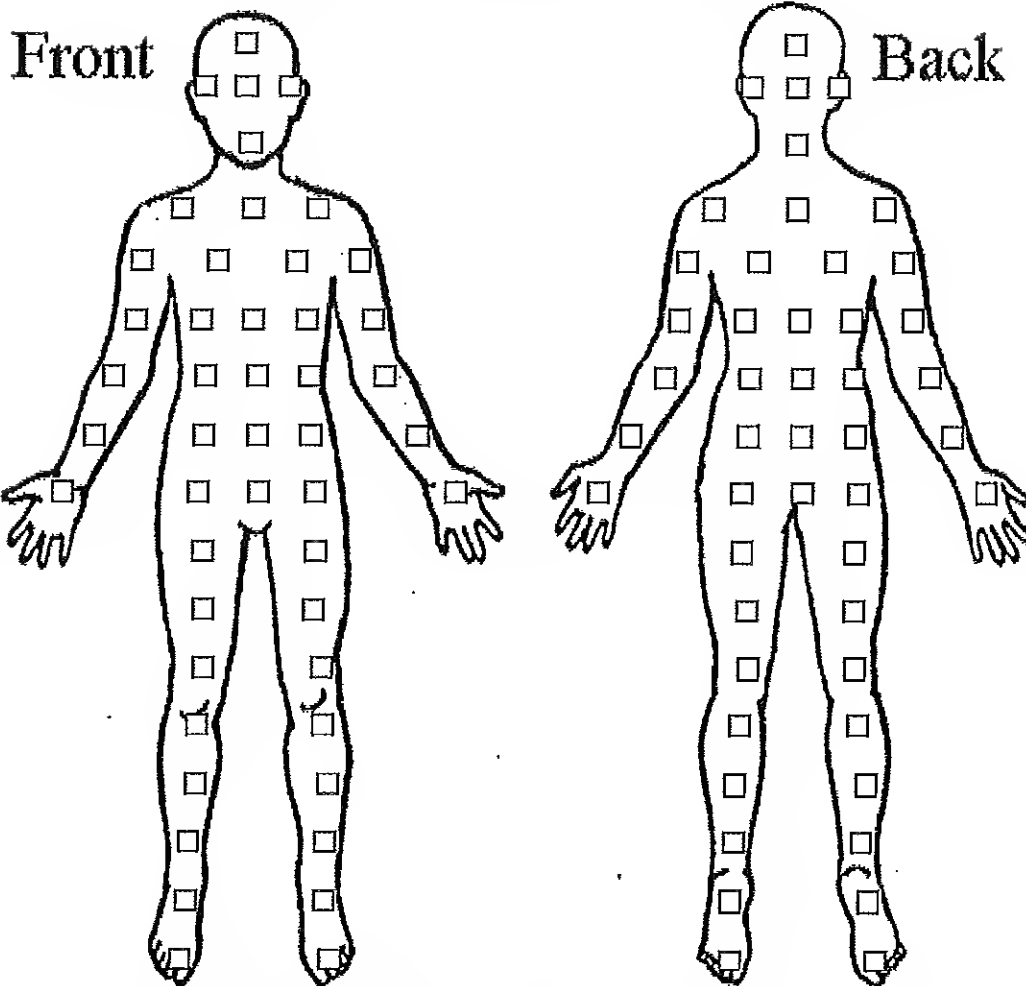
SIGNATURE: Katie Bentle Jessica Varner DATE: 5/30/08

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): <u> </u> | | | | |

ADDITIONAL INJURY DETAILS:

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? <u>Yes/No</u> IF YES, WHAT AND BY WHOM: _____	
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: _____	DATE: _____
SIGNATURE OF PERSON WHO COMPLETED FORM: <u>Katie Bentley</u> DATE: <u>5/30/08</u>	
ADMINISTRATION SIGNATURE: <u>[Signature]</u> DATE: <u>5/30/08</u>	
*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.	
I <u>Refuse</u> Care: _____	DATE: _____
<i>Employee Signature</i>	

THE AUTISM ACADEMY

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Brown STATUS: student
DATE OF OCCURANCE: 6/3/08 TIME: 1:35 LOCATION OF INCIDENT: classroom/sensory

INTERVENTION(S) USED: <input checked="" type="checkbox"/> Verbal Redirection <input checked="" type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Increased Supervision <input checked="" type="checkbox"/> Block <input checked="" type="checkbox"/> Physical Intervention: Type: <u>team control position</u> <input type="checkbox"/> Behavior Plan Followed Minutes: _____ <input type="checkbox"/> Medical Assist/First Aid <input type="checkbox"/> Hospital/ER* <input type="checkbox"/> Other: _____	NOTIFICATIONS BY STAFF: Teacher: <u>KATIE BENTLE</u> Date: _____ Time: _____ Administrator: _____ Date: _____ Time: _____ Parent/Guardian Called: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date: _____ Time: _____																					
INCIDENT SOURCE: <table border="0"> <tr> <td><input type="checkbox"/> Bite</td> <td><input type="checkbox"/> Bumped Into</td> <td><input type="checkbox"/> Durling Transport</td> </tr> <tr> <td><input type="checkbox"/> Head Butt</td> <td><input type="checkbox"/> Heat</td> <td><input checked="" type="checkbox"/> Hair Pull</td> </tr> <tr> <td><input type="checkbox"/> Hit/Slap</td> <td><input type="checkbox"/> Insect</td> <td><input type="checkbox"/> Object</td> </tr> <tr> <td><input type="checkbox"/> Kick</td> <td><input checked="" type="checkbox"/> Pinch</td> <td><input type="checkbox"/> Scratch</td> </tr> <tr> <td><input checked="" type="checkbox"/> Push/Shove</td> <td><input type="checkbox"/> Rub/Friction</td> <td><input type="checkbox"/> Med Refusal</td> </tr> <tr> <td><input type="checkbox"/> Slip/Trip/Fall</td> <td><input type="checkbox"/> Self-Injury</td> <td><input type="checkbox"/> Splinter</td> </tr> <tr> <td><input type="checkbox"/> Stubbed</td> <td><input checked="" type="checkbox"/> Unknown/Other: <u>punch</u></td> <td></td> </tr> </table>		<input type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> Durling Transport	<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input checked="" type="checkbox"/> Hair Pull	<input type="checkbox"/> Hit/Slap	<input type="checkbox"/> Insect	<input type="checkbox"/> Object	<input type="checkbox"/> Kick	<input checked="" type="checkbox"/> Pinch	<input type="checkbox"/> Scratch	<input checked="" type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal	<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter	<input type="checkbox"/> Stubbed	<input checked="" type="checkbox"/> Unknown/Other: <u>punch</u>	
<input type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> Durling Transport																				
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<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter																				
<input type="checkbox"/> Stubbed	<input checked="" type="checkbox"/> Unknown/Other: <u>punch</u>																					

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

During Art time, [REDACTED] started to use language he wasn't supposed to use. He also tried to get the other students to copy bad behaviors of his. When he was told to go sit down at his desk, he at first refused and then took the big bouncy ball with him and started bouncing the ball around the room. When his teacher went to get the ball from him, he threw it in her face at close range, and said "shut up talking to me". His teacher then guided him to the safe room in the brown room where he tried pushing his way out. He then punch his teacher in the shoulder and repeatedly pulled on her clothes. On occasion his teacher would hold his arms down so he couldn't get at her. He was warned several times to stop or he would be restrained, however, he kept trying to pick at his teacher's clothes and tried to punch her several times. Eventually hee was restrained. During the restraintment he was warned that he needed to calm down in order to be let go. He refused to do so and kept fighting against the restraint. He tried pinching his teachers on the sides, tried to move out of the restraint, put his hands in fists, ans used profanity. We then guided him down to the safe room in the sensory room where he was eventually talked into calming himself down.

Witnesses: Jessica Varner, Shawn George,

NAME: Katie Bentle

TITLE: _____

SIGNATURE: Katie Bentle Jessica Varner

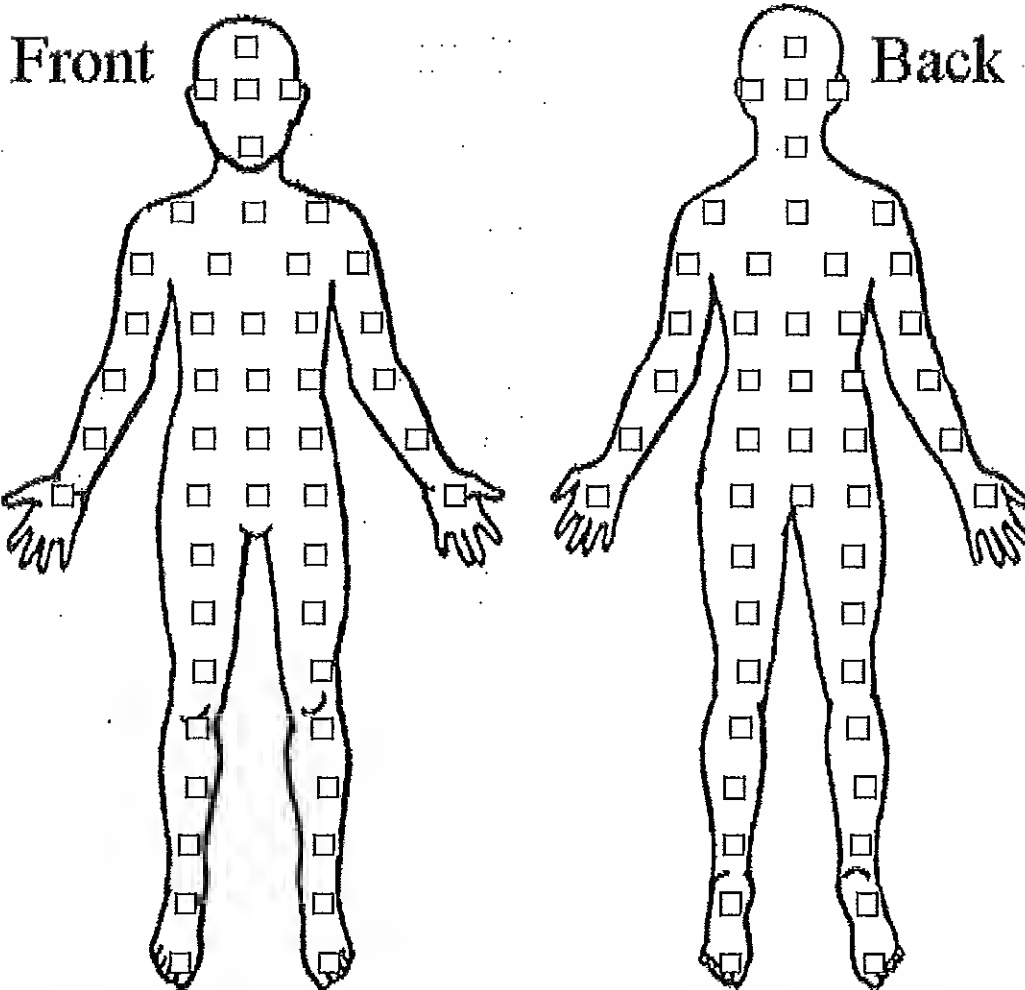
DATE: 6.3.08

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS:

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? Yes/No IF YES, WHAT AND BY WHOM: _____

SIGNATURE OF PERSON

WHO PROVIDED FIRST AID: _____

DATE: _____

SIGNATURE OF PERSON

WHO COMPLETED FORM: Katli Bentele

DATE: 6/3/08

ADMINISTRATION SIGNATURE: _____

DATE: 6/3/08

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ DATE: _____

Employee Signature

THE AUTISM ACADEMY

INCIDENT REPORT

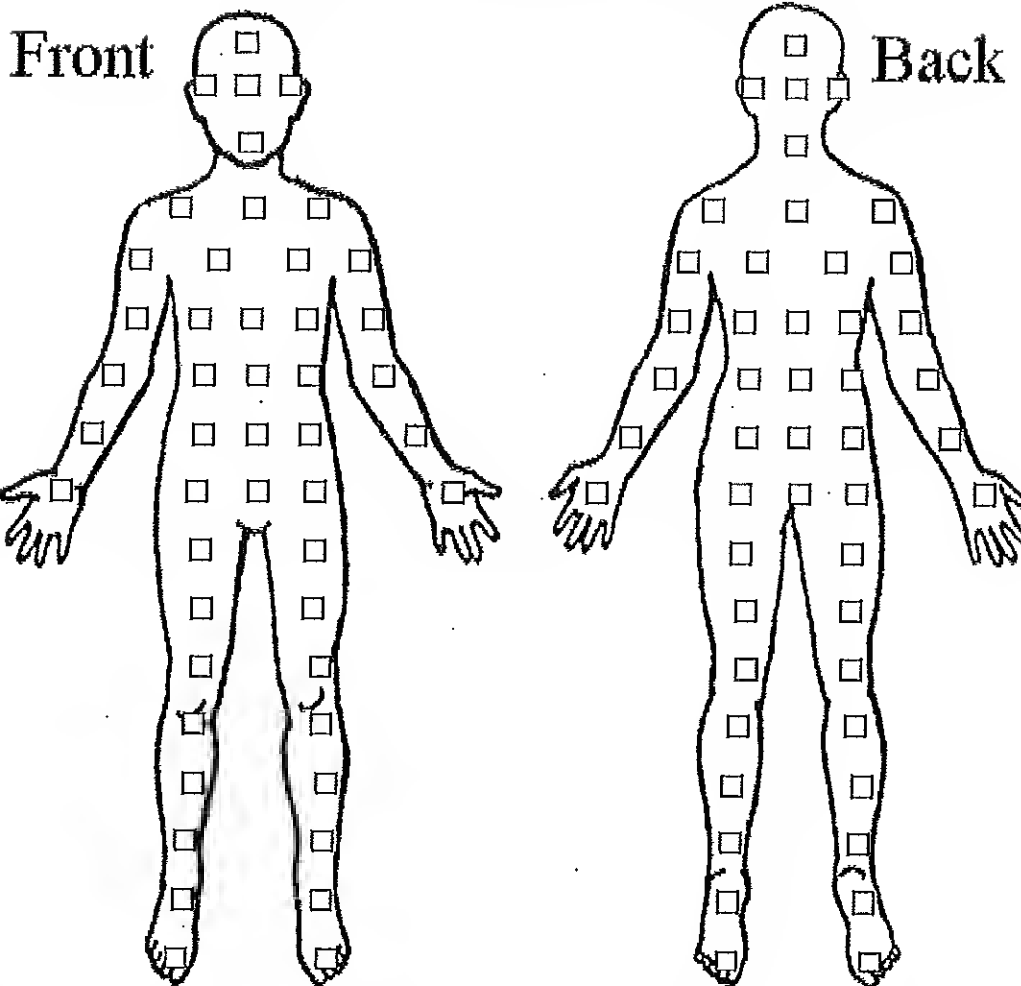
THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Brown Room STATUS: student
DATE OF OCCURANCE: 6/5/08 TIME: 9:15, 11:05 LOCATION OF INCIDENT: Classroom

INTERVENTION(S) USED: <input checked="" type="checkbox"/> Verbal Redirection <input checked="" type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Increased Supervision <input checked="" type="checkbox"/> Block <input type="checkbox"/> Physical Intervention: Type: _____ <input checked="" type="checkbox"/> Behavior Plan Followed Minutes: _____ <input type="checkbox"/> Medical Assist/First Aid <input type="checkbox"/> Hospital/BR* <input type="checkbox"/> Other: _____	NOTIFICATIONS BY STAFF: Teacher: <u>KATIE BENTLE</u> Date: _____ Time: _____ Administrator: _____ Date: _____ Time: _____ Parent/Guardian Called: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Time: _____																					
INCIDENT SOURCE: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Bite</td> <td><input type="checkbox"/> Bumped Into</td> <td><input type="checkbox"/> During Transport</td> </tr> <tr> <td><input type="checkbox"/> Head Butt</td> <td><input type="checkbox"/> Heat</td> <td><input type="checkbox"/> Hair Pull</td> </tr> <tr> <td><input type="checkbox"/> Hit/Slap</td> <td><input type="checkbox"/> Insect</td> <td><input type="checkbox"/> Object</td> </tr> <tr> <td><input checked="" type="checkbox"/> Kick</td> <td><input type="checkbox"/> Pinch</td> <td><input type="checkbox"/> Scratch</td> </tr> <tr> <td><input type="checkbox"/> Push/Shove</td> <td><input type="checkbox"/> Rub/Friction</td> <td><input type="checkbox"/> Med Refusal</td> </tr> <tr> <td><input type="checkbox"/> Slip/Trip/Fall</td> <td><input type="checkbox"/> Self-Injury</td> <td><input type="checkbox"/> Splinter</td> </tr> <tr> <td><input type="checkbox"/> Stubbed</td> <td><input type="checkbox"/> Unknown/Other: _____</td> <td></td> </tr> </table>		<input type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport	<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input type="checkbox"/> Hair Pull	<input type="checkbox"/> Hit/Slap	<input type="checkbox"/> Insect	<input type="checkbox"/> Object	<input checked="" type="checkbox"/> Kick	<input type="checkbox"/> Pinch	<input type="checkbox"/> Scratch	<input type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal	<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter	<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other: _____	
<input type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport																				
<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input type="checkbox"/> Hair Pull																				
<input type="checkbox"/> Hit/Slap	<input type="checkbox"/> Insect	<input type="checkbox"/> Object																				
<input checked="" type="checkbox"/> Kick	<input type="checkbox"/> Pinch	<input type="checkbox"/> Scratch																				
<input type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal																				
<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter																				
<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other: _____																					
DESCRIPTION OF INCIDENT (prior events and/or contributing factors): <p>On the way up from the bathroom, [REDACTED] was told not to run up the stairs or he would have to go back down and walk all the way back up. He chose not to follow directions and ran all the way upstairs. His teacher then told him to walk back downstairs. He walked downstairs with one of the paras, but on the way back up he kicked the door leading outside very hard and was cursing all the way up. When he got to the top, we then guided him to the safe room in the sensory room. He kicked his teachers the entire way. He then laid in the safe room for about forty-five minutes and then returned to the classroom when he was ready.</p> <p>[REDACTED] seemed to be getting frustrated during his reading center because (as it appeared) he kept getting redirected when he wasn't paying attention or having a behavior. When the center ended he then flipped over a chair and another student's puzzle. His teacher and the para he had just been working with the guided him to the safe room in the sensory room. On the way he kicked his teachers several times. He laid in the room for about 15 minutes until he was calm. Then his teacher talked with him about strategies he could use to prevent himself from getting so angry.</p>																						
Witnesses: <u>Jessica Varner</u> NAME: <u>Katie Bentle</u> TITLE: <u>Teacher</u> SIGNATURE: <u>Katie Bentle</u> <u>Jessica Varner</u> DATE: <u>6/5/08</u>																						

INJURY TYPE: (Mark all that apply)				
<input type="checkbox"/> Bite <input type="checkbox"/> Chafed/Cracked <input type="checkbox"/> Scratch <input type="checkbox"/> Other (Please Specify): _____	<input type="checkbox"/> Blister <input type="checkbox"/> Insect Bite/Sting <input type="checkbox"/> Burn	<input type="checkbox"/> Cut <input type="checkbox"/> Irritation/Rash <input type="checkbox"/> Pressure Mark	<input type="checkbox"/> Ingestion <input type="checkbox"/> Pinch Mark <input type="checkbox"/> Redness	<input type="checkbox"/> Bruise <input type="checkbox"/> Scrape
ADDITIONAL INJURY DETAILS: <div style="height: 40px; border: 1px solid black;"></div>				

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? <u>Yes/No</u> IF YES, WHAT AND BY WHOM: _____	
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: _____	DATE: _____
SIGNATURE OF PERSON WHO COMPLETED FORM: <u>Katie Benth</u> DATE: <u>6/5/08</u>	
ADMINISTRATION SIGNATURE: <u>[Signature]</u>	DATE: <u>6/5/08</u>
*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.	
I <u>Refuse</u> Care: _____	DATE: _____
Employee Signature	

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Brown
 DATE OF OCCURANCE: 6/19/08 TIME: 9:10am

STATUS: Student
 LOCATION OF INCIDENT: Vocational Rm, Sensory

INTERVENTION(S) USED:

- ☒ Verbal Redirection
- ☒ Environmental Change
- ☒ Increased Supervision
- ☒ Block
- ☒ Physical Intervention:
 Type: Team Control
- ☐ Behavior Plan Followed
- Minutes: _____
- ☐ Medical Assist/First Aid
- ☐ Hospital/ER*
- ☐ Other: _____

NOTIFICATIONS BY STAFF:

Teacher: _____ Date: ____/____/____ Time: _____
 Administrator: _____ Date: ____/____/____ Time: _____
 Parent/Guardian Called: ☐ YES ☐ NO Date: ____/____/____ Time: _____

INCIDENT SOURCE:

- | | | |
|--|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input checked="" type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input checked="" type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input checked="" type="checkbox"/> Unknown/Other: <u>Punch</u> | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): While engaging in vocational activities in the vocational room on the third floor, [REDACTED] randomly punched a para of his in the arm. He was then restrained using the team control position. After the restraint he was transported to the safe room on the second floor. At this point he kept his foot in the door so it wouldn't close. At one point he moved back and opened the door so his teacher stood in the doorway. At this point he kicked her in the leg. He was then restrained again using the team control position.

Witnesses: Jessica Varner

see next sheet →

NAME: Katie Bentle

TITLE: Teacher

SIGNATURE: _____

Jessica Varner

DATE: 6/19/08

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS:

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: _____

STATUS: _____

DATE OF OCCURANCE: ____/____/____ TIME: ____

LOCATION OF INCIDENT: _____

INTERVENTION(S) USED:

- ☐ Verbal Redirection
- ☐ Environmental Change
- ☐ Increased Supervision
- ☐ Block
- ☐ Physical Intervention:
Type: _____
- ☐ Behavior Plan Followed
Minutes: _____
- ☐ Medical Assist/First Aid
- ☐ Hospital/ER*
- ☐ Other: _____

NOTIFICATIONS BY STAFF:

Teacher: _____ Date: ____/____/____ Time: _____
 Administrator: _____ Date: ____/____/____ Time: _____
 Parent/Guardian Called: ☐ YES ☐ NO Date: ____/____/____ Time: _____

INCIDENT SOURCE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: _____ | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): After [REDACTED] was let out of the restraint the door was closed. He then kept opening the door and closing it while yelling vulgar obscenities in between. His teacher then put her foot and arm in the doorway to prevent this (while ignoring him). [REDACTED] then tried to scratch her elbow with his nails (he has long nails). He was then restrained using the team control position. After he was let out of the restraint and the door was closed. He then opened the door and stepped out of the room.

Witnesses: _____

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: ____/____/____

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS: _____

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: _____

STATUS: _____

DATE OF OCCURANCE: ____/____/____ TIME: ____

LOCATION OF INCIDENT: _____

INTERVENTION(S) USED:

- ☐ Verbal Redirection
- ☐ Environmental Change
- ☐ Increased Supervision
- ☐ Block
- ☐ Physical Intervention:
Type: _____
- ☐ Behavior Plan Followed
Minutes: _____
- ☐ Medical Assist/First Aid
- ☐ Hospital/ER*
- ☐ Other: _____

NOTIFICATIONS BY STAFF:

Teacher: _____ Date: ____/____/____ Time: _____
 Administrator: _____ Date: ____/____/____ Time: _____
 Parent/Guardian Called: ☐ YES ☐ NO Date: ____/____/____ Time: _____

INCIDENT SOURCE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: _____ | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): With one foot. He
did this a few times until his teacher told him he could keep
doing that as long as he wanted but he wasn't leaving
the room until he sat in the safe room with the door
closed & was calm. The longer he stood there the more work
he would have to make up after school. Lunch was also approaching
and he would also be missing that. [REDACTED] then went in the room
and shut the door. He stayed like that for 10min and was
then let out. He went back to the room & started his work.

Witnesses: _____

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: ____/____/____

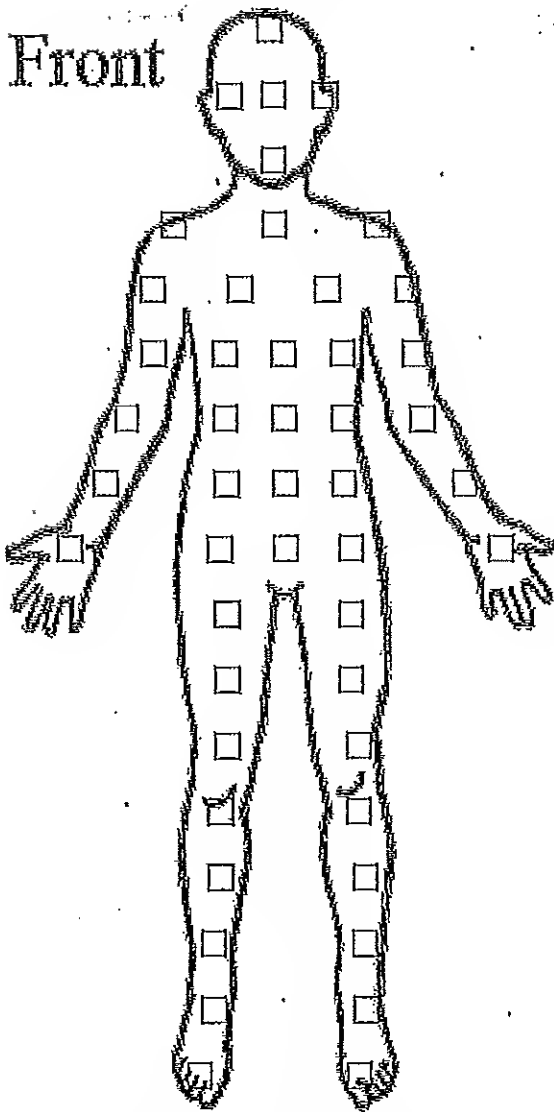
INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

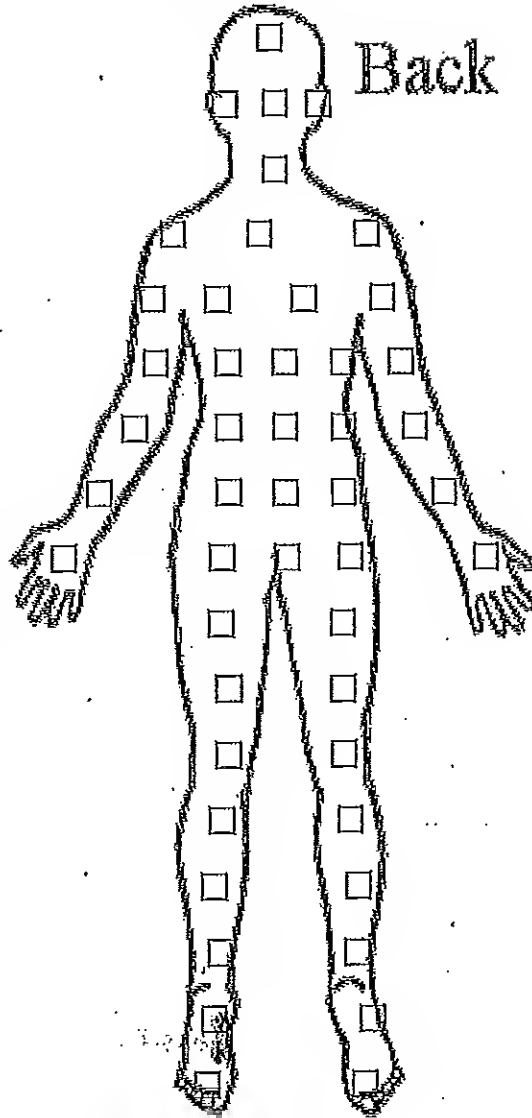
ADDITIONAL INJURY DETAILS:

Click the boxes below to identify the location/locations of any injuries.

Front



Back



WAS FIRST AID GIVEN?: _____ IF YES, WHAT AND BY WHOM: _____

SIGNATURE OF PERSON WHO PROVIDED FIRST AID: _____ DATE: ____/____/____

SIGNATURE OF PERSON WHO COMPLETED FORM: Katie Benth DATE: 02/19/08

ADMINISTRATION SIGNATURE: [Signature] DATE: 02/19/08

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ DATE: ____/____/____

Employee Signature

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Brown STATUS: Student
 DATE OF OCCURRENCE: 6/18/08 TIME: 11:55 am LOCATION OF INCIDENT: cafeteria, sensory room

INTERVENTION(S) USED:

- ☒ Verbal Redirection
☒ Environmental Change
☒ Increased Supervision
☒ Block
☒ Physical Intervention:
 Type: Team Control
☒ Behavior Plan Followed
 Minutes:
☐ Medical Assist/First Aid
☐ Hospital/ER*
☐ Other:

NOTIFICATIONS BY STAFF:

Teacher: _____ Date: ____/____/____ Time: _____
 Administrator: _____ Date: ____/____/____ Time: _____
 Parent/Guardian Called: ☐ YES ☐ NO Date: ____/____/____ Time: _____

INCIDENT SOURCE:

- | | | |
|--|--|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input checked="" type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input checked="" type="checkbox"/> Unknown/Other: <u>stomp on</u> | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): The Brown Room was in the small cafeteria eating lunch. [REDACTED] started using vulgar language and refused to follow directions. He was offered the opportunity to walk upstairs to the safe room w/o being escorted and was given 5 sec. to stand up & start moving. He refused after the 5 sec. and as his teachers began to escort him he kicked his teacher in the leg. He was then restrained using the team control position. After he had calmed down he was led up to the safe room. The entire way up [REDACTED] was making threats

Witnesses: Shawn GeorgeNAME: Katie BenthSIGNATURE: Katie BenthTITLE: Teacher
Shawn George DATE: 6/18/08

next sheet

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS: _____

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: _____ CLASSROOM: _____ STATUS: _____
 DATE OF OCCURANCE: ____/____/____ TIME: _____ LOCATION OF INCIDENT: _____

INTERVENTION(S) USED:

- ☐ Verbal Redirection
- ☐ Environmental Change
- ☐ Increased Supervision
- ☐ Block
- ☐ Physical Intervention:
Type: _____
- ☐ Behavior Plan Followed
- Minutes: _____
- ☐ Medical Assist/First Aid
- ☐ Hospital/ER*
- ☐ Other: _____

NOTIFICATIONS BY STAFF:

Teacher: _____ Date: ____/____/____ Time: _____
 Administrator: _____ Date: ____/____/____ Time: _____
 Parent/Guardian Called: ☐ YES ☐ NO Date: ____/____/____ Time: _____

INCIDENT SOURCE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: _____ | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): When he got to the safe room, [REDACTED] put his foot in the door so it wouldn't close. For about 20-25 mins he stayed like this and yelled obscenities and insults the entire time. At one point he opened the door and his teachers stood w/ their backs to him to block him. He then intentionally stepped on his teacher's foot twice. He was then restrained using the team control position. When he calmed down he was then let go and stayed in the room with the door closed for another 15mins, until it was determined that he was calm enough to go back to the room.

Witnesses: _____
 NAME: _____ TITLE: _____
 SIGNATURE: _____ DATE: ____/____/____

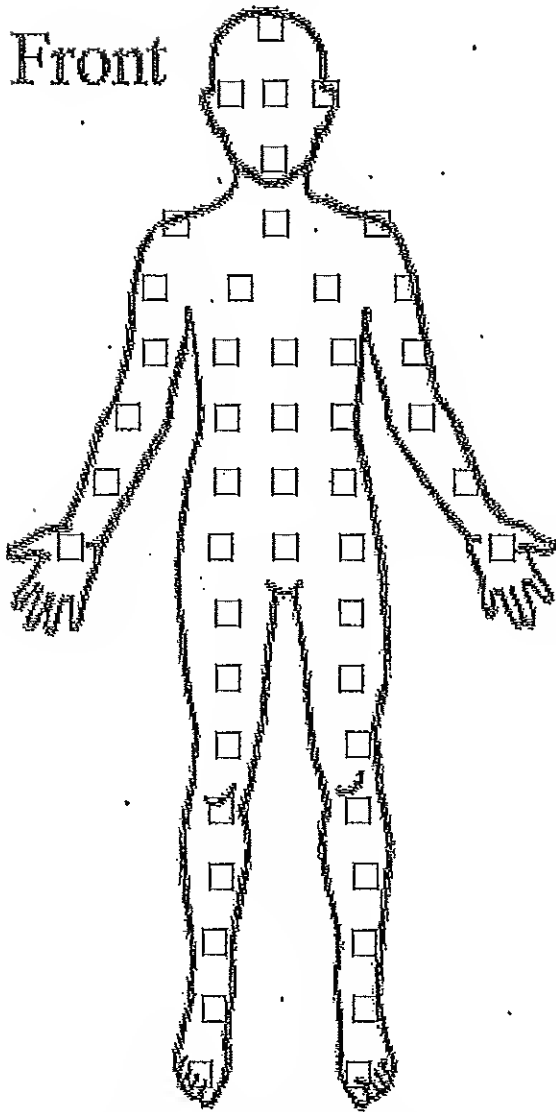
INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

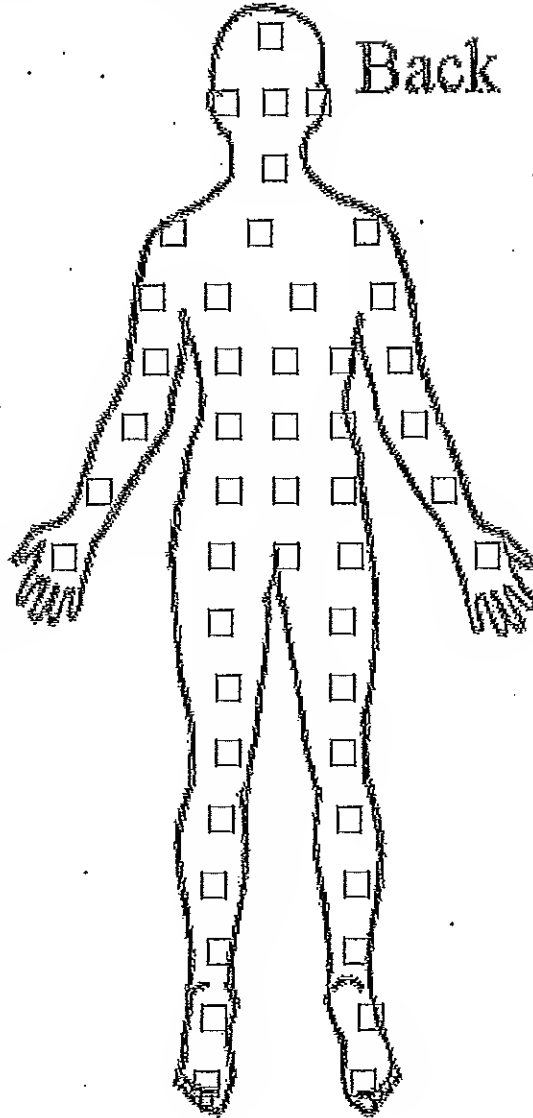
ADDITIONAL INJURY DETAILS: _____

Click the boxes below to identify the location/locations of any injuries.

Front



Back



WAS FIRST AID GIVEN? NO IF YES, WHAT AND BY WHOM: _____

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID: _____

DATE: 6/18/08

SIGNATURE OF PERSON
WHO COMPLETED FORM: Katie Berthel

DATE: 6/18/08

ADMINISTRATION SIGNATURE: [Signature]

DATE: 6/18/08

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ DATE: 6/18/08

Employee Signature

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: BrownDATE OF OCCURRENCE: 6/12/08 TIME: 11:15STATUS: StudentLOCATION OF INCIDENT: parking lot sensory

INTERVENTION(S) USED:

- ☒ Verbal Redirection
☒ Environmental Change
☒ Increased Supervision
☒ Block
☒ Physical Intervention:
 Type: _____
☒ Behavior Plan Followed
 Minutes: _____
☐ Medical Assist/First Aid
☐ Hospital/BR*
☐ Other: _____

NOTIFICATIONS BY STAFF:

Teacher: _____ Date: ____/____/____ Time: ____
 Administrator: _____ Date: ____/____/____ Time: ____
 Parent/Guardian Called: ☐ YES ☐ NO Date: ____/____/____ Time: ____

INCIDENT SOURCE:

- | | | |
|--|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input checked="" type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: _____ | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): At 11:15 the brown room students were getting ready for lunch. The fire alarm then went off & the students headed down the stairwell. [REDACTED] however, tried to move ahead of the class to walk with other classrooms. He was told this was unsafe b/c classrooms needed to stick together during a fire drill. He refused to follow directions and kept saying "no" when told to do something. Once in the parking lot with the class, [REDACTED] kept trying to walk off to talk to other people from other classes. He was told several times to stay with the class, and he ignored the direction. He was

Witnesses: Katie BenthNAME: Shawn George TITLE: ParaSIGNATURE: [Signature] Katie Benth DATE: 6/12/08

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS: _____

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: _____

CLASSROOM: _____

STATUS: _____

DATE OF OCCURANCE: ____/____/____

TIME: _____

LOCATION OF INCIDENT: _____

INTERVENTION(S) USED:

- ☐ Verbal Redirection
- ☐ Environmental Change
- ☐ Increased Supervision
- ☐ Block
- ☐ Physical Intervention:
Type: _____
- ☐ Behavior Plan Followed
Minutes: _____
- ☐ Medical Assist/First Aid
- ☐ Hospital/ER*
- ☐ Other: _____

NOTIFICATIONS BY STAFF:

Teacher: _____ Date: ____/____/____ Time: _____
Administrator: _____ Date: ____/____/____ Time: _____
Parent/Guardian Called: ☐ YES ☐ NO Date: ____/____/____ Time: _____

INCIDENT SOURCE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: _____ | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

then told to stand between two staff members allowing us to keep a better watch over him. He continued to try to walk up to other groups, and we would verbally direct him back to us as we reached to lightly tug @ his shirt or arm. He reacted by jerking himself away, swinging his arms and upper body saying no. He then stepped back and started to turn around toward the

Witnesses: _____

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: ____/____/____

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS:

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED]

CLASSROOM: _____

STATUS: _____

DATE OF OCCURANCE: ____/____/____ TIME: ____

LOCATION OF INCIDENT: _____

INTERVENTION(S) USED:

- ☐ Verbal Redirection
- ☐ Environmental Change
- ☐ Increased Supervision
- ☐ Block
- ☐ Physical Intervention:
- Type: _____
- ☐ Behavior Plan Followed
- Minutes: _____
- ☐ Medical Asslt/First Aid
- ☐ Hospital/ER*
- ☐ Other: _____

NOTIFICATIONS BY STAFF:

Teacher: _____ Date: ____/____/____ Time: _____
 Administrator: _____ Date: ____/____/____ Time: _____
 Parent/Guardian Called: ☐ YES ☐ NO Date: ____/____/____ Time: _____

INCIDENT SOURCE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: _____ | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): open parking lot where there ~~wasn't~~ weren't any other classes or staff. We then got a hold of [REDACTED] on his arms and shoulders and were able to turn him around. He tried to pull away from us again and was able to reach around and with his elbow striking a staff member in the chest. At that time [REDACTED] was restrained by two staff using the CPI team control position. We got the attention of a

Witnesses: Katie Bentle

NAME: Shawn George

TITLE: Para

SIGNATURE: [Signature] DATE: 6/12/08

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

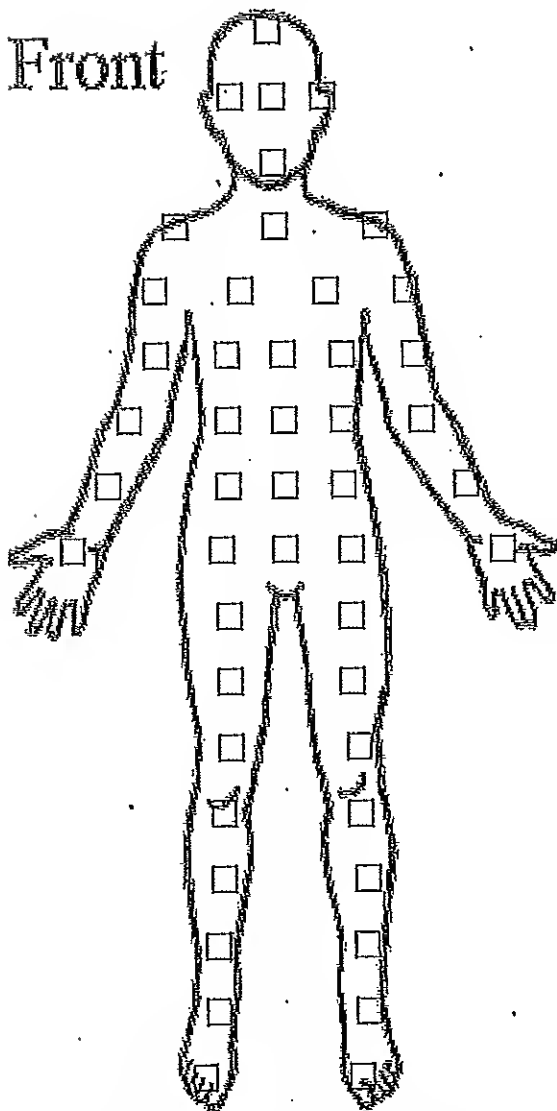
ADDITIONAL INJURY DETAILS: _____

third staff member to secure [redacted] legs from behind as he was trying to kick and manipulate his legs free. He eventually lowered himself to the pavement on his knees. By this time we had ~~the~~ a fourth staff member in attendance. Once [redacted] ceased struggling, we slowly moved his wrists up behind his back, and then instructed him to lift his head up a sit upright while on his knees. He was then instructed to stand up one leg @ a time while holding his wrists behind his back and assisting him as he stood up. He was then transported to the safe room in the transport hold. Once @ the safe room with 3 staff, he proceeded to kick 1 staff in the Right side of the chest. He again was restrained. He remained in the safe room. About 12:50 we talked to [redacted] to see if he was calm enough to join the class in sensory. He continued to be uncooperative and kicked another staff member. He was again restrained, and then stayed in the safe room until about 1:50. During that time he tore off the covers for the outlet & light switch and bent them and

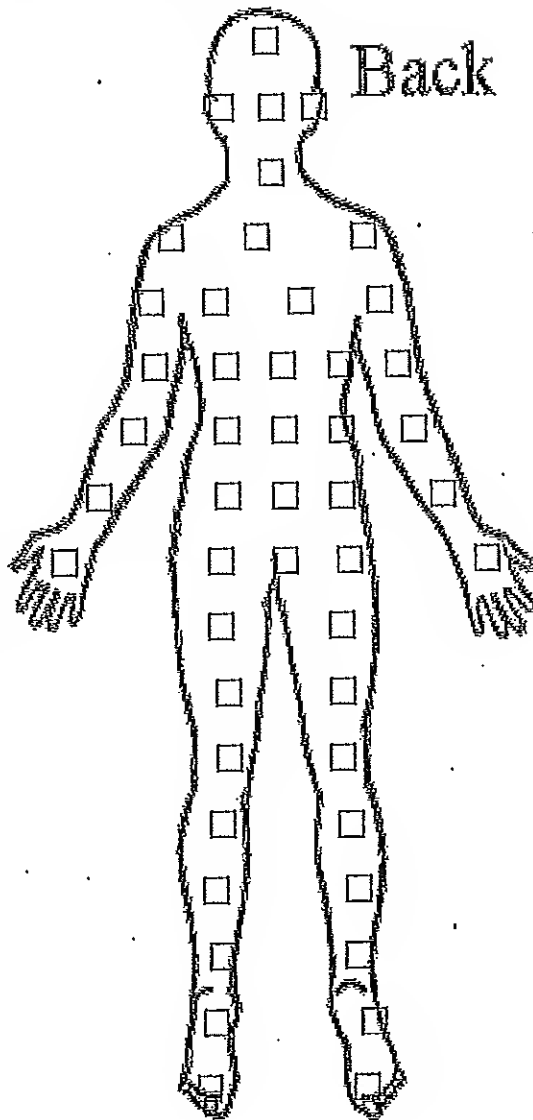
broke them. He slid the outlet switch
under the door to us. His shoes were
confiscated after he took them off
and threw them @ the light. We
returned to the Brown Room about
1:50 where [REDACTED] finished his missed
classwork.

Click the boxes below to identify the location/locations of any injuries.

Front



Back



WAS FIRST AID GIVEN?: _____ IF YES, WHAT AND BY WHOM: _____

SIGNATURE OF PERSON WHO PROVIDED FIRST AID: _____ DATE: 1/1/1

SIGNATURE OF PERSON WHO COMPLETED FORM: Katie Benth DATE: 1/16/08

ADMINISTRATION SIGNATURE: [Signature] DATE: 1/16/08

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ DATE: 1/1/1
Employee Signature

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Brown STATUS: Student
 DATE OF OCCURANCE: 6/16/08 TIME: 12:40 pm LOCATION OF INCIDENT: Sensory room

INTERVENTION(S) USED:

- ☒ Verbal Redirection
☒ Environmental Change
☒ Increased Supervision
☒ Block
☒ Physical Intervention:
 Type: Team control
☐ Behavior Plan Followed
 Minutes:
☐ Medical Assist/First Aid
☐ Hospital/ER*
☐ Other:

NOTIFICATIONS BY STAFF:

Teacher: _____ Date: ____/____/____ Time: _____
 Administrator: _____ Date: ____/____/____ Time: _____
 Parent/Guardian Called: ☐ YES ☐ NO Date: ____/____/____ Time: _____

INCIDENT SOURCE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input checked="" type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: _____ | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): During sensory, [REDACTED] began to rap & use inappropriate language. He was given several warnings and then asked to get off the swing. He refused, so 2 people had to stop the swing to try to get him off. His teacher told him if he didn't get off now he would never be able to use the swing again. He then got off, but approached his teacher & tried to scratch her arm twice. He was then restrained using the team control position. After a few minutes he was directed into the safe room where he stayed with the door closed for about 20 mins. At that point he seemed calm enough to return to the classroom & resume academic work.

Witnesses: Shawn George, Jessica Varner, Jen Parker

NAME: Katie Bentle

TITLE: teacher

SIGNATURE: Katie Bentle Shawn George Jessica Varner Jennifer Parker DATE: 6/16/08

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS: _____

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: BrownDATE OF OCCURRENCE: 6/12/08 TIME: 10:15 amSTATUS: STUDENTLOCATION OF INCIDENT: CLASSROOM,SENSORY, RECREATION

INTERVENTION(S) USED:

- ☒ Verbal Redirection
☒ Environmental Change
☒ Increased Supervision
☒ Block
☐ Physical Intervention:
 Type: _____
☒ Behavior Plan Followed
 Minutes: _____
☐ Medical Assist/First Aid
☐ Hospital/ER*
☐ Other: _____

NOTIFICATIONS BY STAFF:

Teacher: _____ Date: ____/____/____ Time: _____
 Administrator: _____ Date: ____/____/____ Time: _____
 Parent/Guardian Called: ☐ YES ☐ NO Date: ____/____/____ Time: _____

INCIDENT SOURCE:

- | | | |
|--|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input checked="" type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: _____ | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): [REDACTED] was not following directions during an activity in the classroom. When he was redirected to follow directions, he became angry & kicked over a chair & desk. He was then escorted to the safe room where he kicked his teacher in the leg before entering the safe room. He then forced open the safe room door and refused to close it. Mr. Bielow came in and [REDACTED] went into the room w/ the door closed. At [REDACTED] [REDACTED] then calmed down after @ 15 mins. we then went back to the room & [REDACTED] sat down to work on his Math.

Witnesses: Sharon George Jessica VarnerNAME: Katie BenthTITLE: TeacherSIGNATURE: Katie BenthJessica VarnerDATE: 6/12/08

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS: _____

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Brown STATUS: Student
 DATE OF OCCURRENCE: 6/10/08 TIME: 8:15-10:00 LOCATION OF INCIDENT: classroom

INTERVENTION(S) USED:

- ☐ Verbal Redirection
- ☐ Environmental Change
- ☐ Increased Supervision
- ☐ Block
- ☐ Physical Intervention:
Type: _____
- ☐ Behavior Plan Followed
Minutes: _____
- ☐ Medical Assist/First Aid
- ☐ Hospital/ER*
- ☐ Other: _____

NOTIFICATIONS BY STAFF:

Teacher: _____ Date: ____/____/____ Time: _____
 Administrator: _____ Date: ____/____/____ Time: _____
 Parent/Guardian Called: ☐ YES ☐ NO Date: ____/____/____ Time: _____

INCIDENT SOURCE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input type="checkbox"/> Unknown/Other: _____ | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors): [REDACTED] came into the class in the morning wanting to eat some pop tarts he had with him. The staff told him to put it in his lunch but he refused and started using inappropriate language. He was then directed to the safe room in the sensory room where he calmed down for 5 mins. After the Brown Room's time in the sensory room, [REDACTED] returned to the room threatening to punch a student and his teachers & attempted to hit his teachers with a chair. He was then escorted (he also kicked his teacher numerous times) down to the safe room where, with the help of Mr. Anthony, he managed to calm down after about 25 min.

Witnesses: Jen Parker, Jessica Varner

NAME: Katie Benth

TITLE: Teacher Jessica Varner

SIGNATURE: Jennifer Parker, Katie Benth DATE: 6/10/08

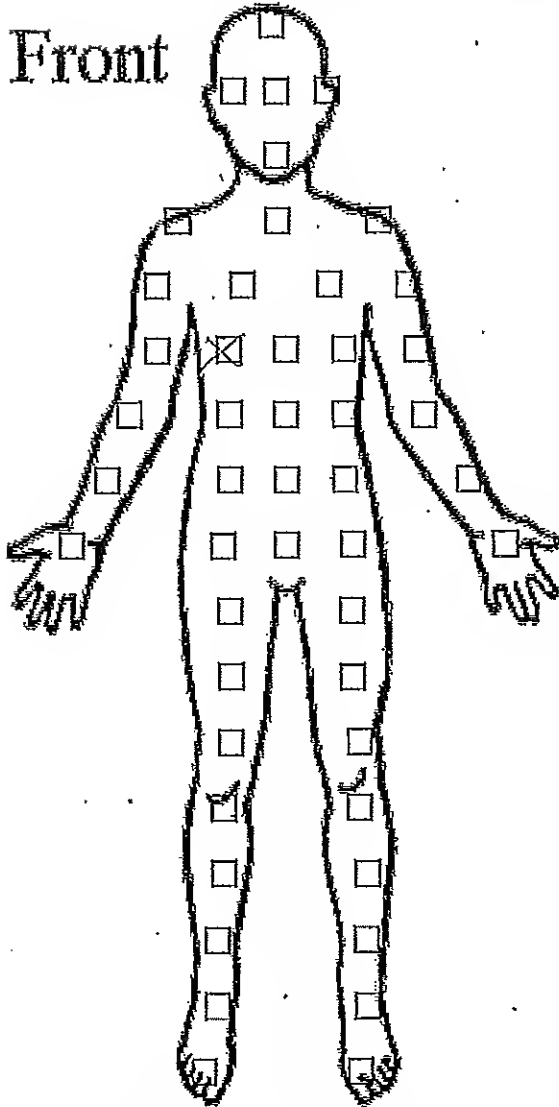
INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

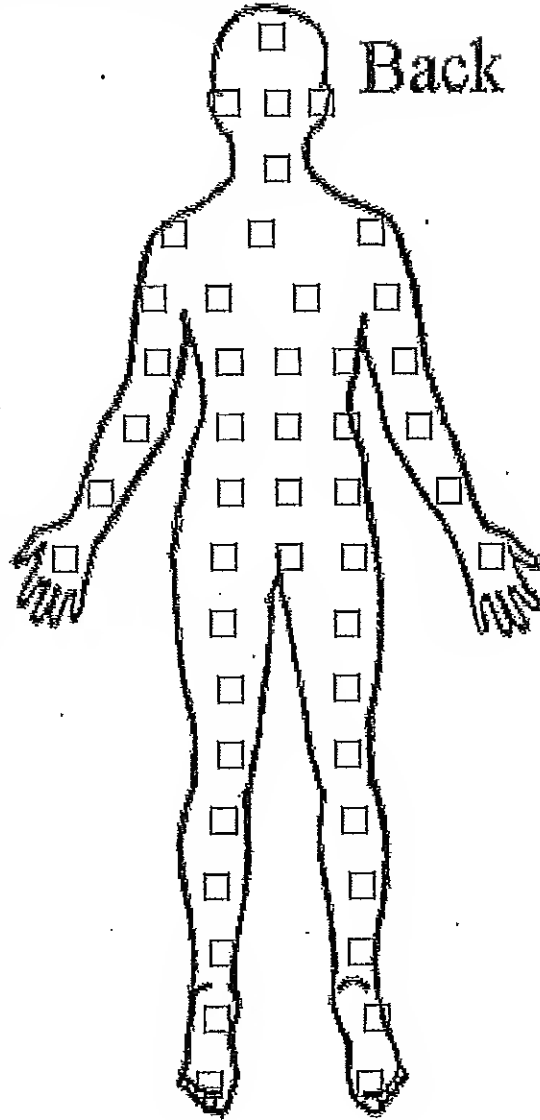
ADDITIONAL INJURY DETAILS:

Click the boxes below to identify the location/locations of any injuries.

Front



Back



WAS FIRST AID GIVEN?: ____ IF YES, WHAT AND BY WHOM: ____

SIGNATURE OF PERSON

WHO PROVIDED FIRST AID: _____ DATE: ____/____/____

SIGNATURE OF PERSON

WHO COMPLETED FORM: [Signature] DATE: 6/12/08

ADMINISTRATION SIGNATURE: [Signature]

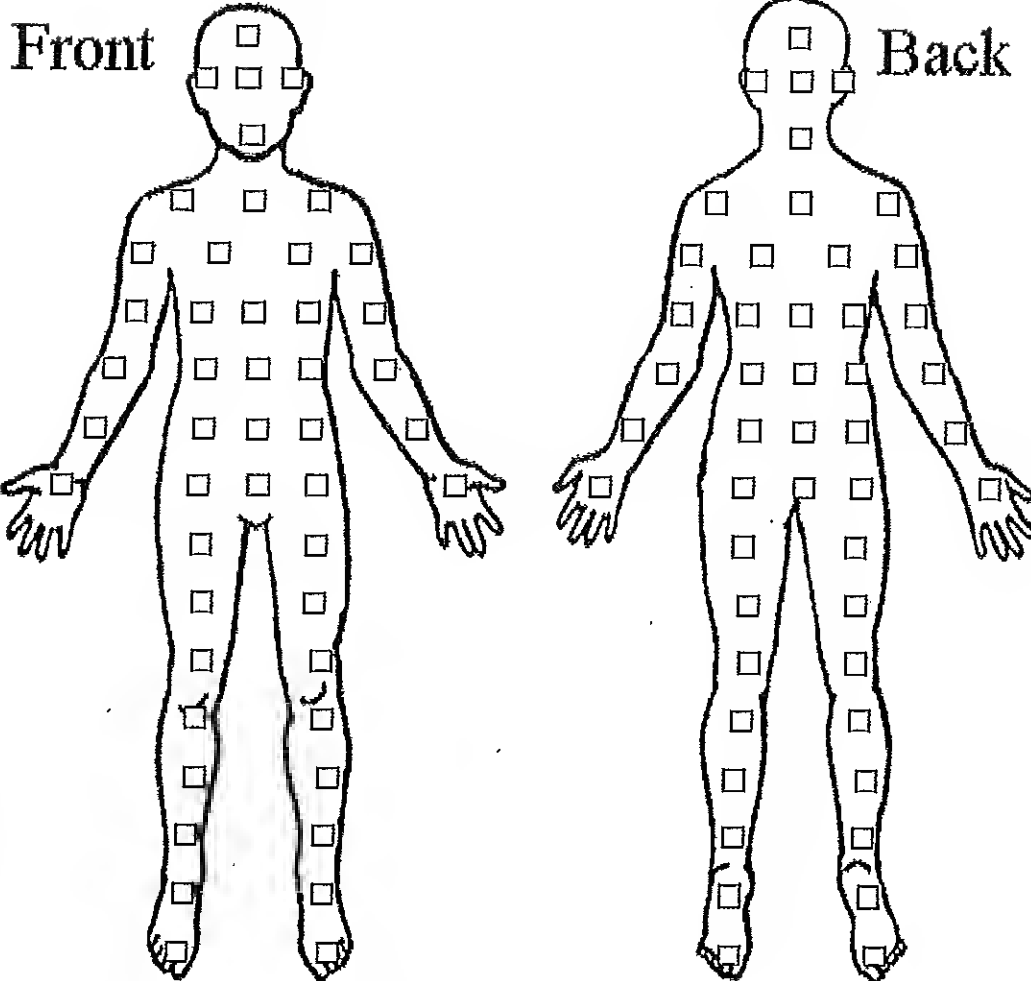
DATE: 6/12/08

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ DATE: ____/____/____

Employee Signature

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? Yes/No IF YES, WHAT AND BY WHOM: _____

SIGNATURE OF PERSON
WHO PROVIDED FIRST AID: _____

DATE: _____

SIGNATURE OF PERSON
WHO COMPLETED FORM: _____

DATE: 1/23/09

ADMINISTRATION SIGNATURE: _____

DATE: 01/23/09

*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.

I Refuse Care: _____ DATE: _____

Employee Signature

THE AUTISM ACADEMY

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Purple Room STATUS: Student
DATE OF OCCURANCE: 12/08/08 TIME: 13:20 LOCATION OF INCIDENT: Gymnasium

INTERVENTION(S) USED:

- ☒ Verbal Redirection
- ☒ Environmental Change
- ☒ Increased Supervision
- ☒ Block
- ☐ Physical Intervention:
Type:
- ☒ Behavior Plan Followed
Minutes: 20 minutes
- ☐ Medical Asst/First Aid
- ☐ Hospital/ER*
- ☐ Other:

NOTIFICATIONS BY STAFF:

Teacher: Scott Bylow Date: _____ Time: _____
Administrator: Anthony Gerke Date: 12/08/08 Time: 13:40
Parent/Guardian Called: ☒ YES ☐ NO Date: 12/08/08 Time: 13:45

INCIDENT SOURCE:

- | | | |
|--|--|---|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Bumped Into | <input type="checkbox"/> During Transport |
| <input type="checkbox"/> Head Butt | <input type="checkbox"/> Heat | <input type="checkbox"/> Hair Pull |
| <input type="checkbox"/> Hit/Slap | <input type="checkbox"/> Insect | <input type="checkbox"/> Object |
| <input checked="" type="checkbox"/> Kick | <input type="checkbox"/> Pinch | <input type="checkbox"/> Scratch |
| <input checked="" type="checkbox"/> Push/Shove | <input type="checkbox"/> Rub/Friction | <input type="checkbox"/> Med Refusal |
| <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Self-Injury | <input type="checkbox"/> Splinter |
| <input type="checkbox"/> Stubbed | <input checked="" type="checkbox"/> Unknown/Other: <u>Profanity, verbal threat</u> | |

DESCRIPTION OF INCIDENT (prior events and/or contributing factors):

The student was observed pushing a student from another classroom in the gymnasium. [REDACTED] said that the other student took the ball he was playing with; which was not true. [REDACTED] was directed to sit in a chair and miss the remainder of his recess for his aggression towards the other student. [REDACTED] began using profanity and saying he was going to kill the other student and his teachers. [REDACTED] left his seat and proceeded to the gymnasium stage; an area that students are not allowed to enter. Mr. Dave followed [REDACTED] to the area to redirect him away from the stage. When Mr. Dave approached [REDACTED] he began to kick and pinch at him. Mr. Scott intervened immediately and redirected [REDACTED] away from the stage and Mr. Dave. [REDACTED] was escorted to the safe room where he calmed for 5 minutes. The student and Mr. Scott then returned to the Purple classroom where the student's foster parent was called to inform him of the incident and so he could speak to [REDACTED] about making better choices. [REDACTED] responded very well to his foster parent and no other incidents occurred.

Witnesses: Mr. David Young

NAME: [Signature]

TITLE: Para-professional

SIGNATURE: David Warren Young Jr.

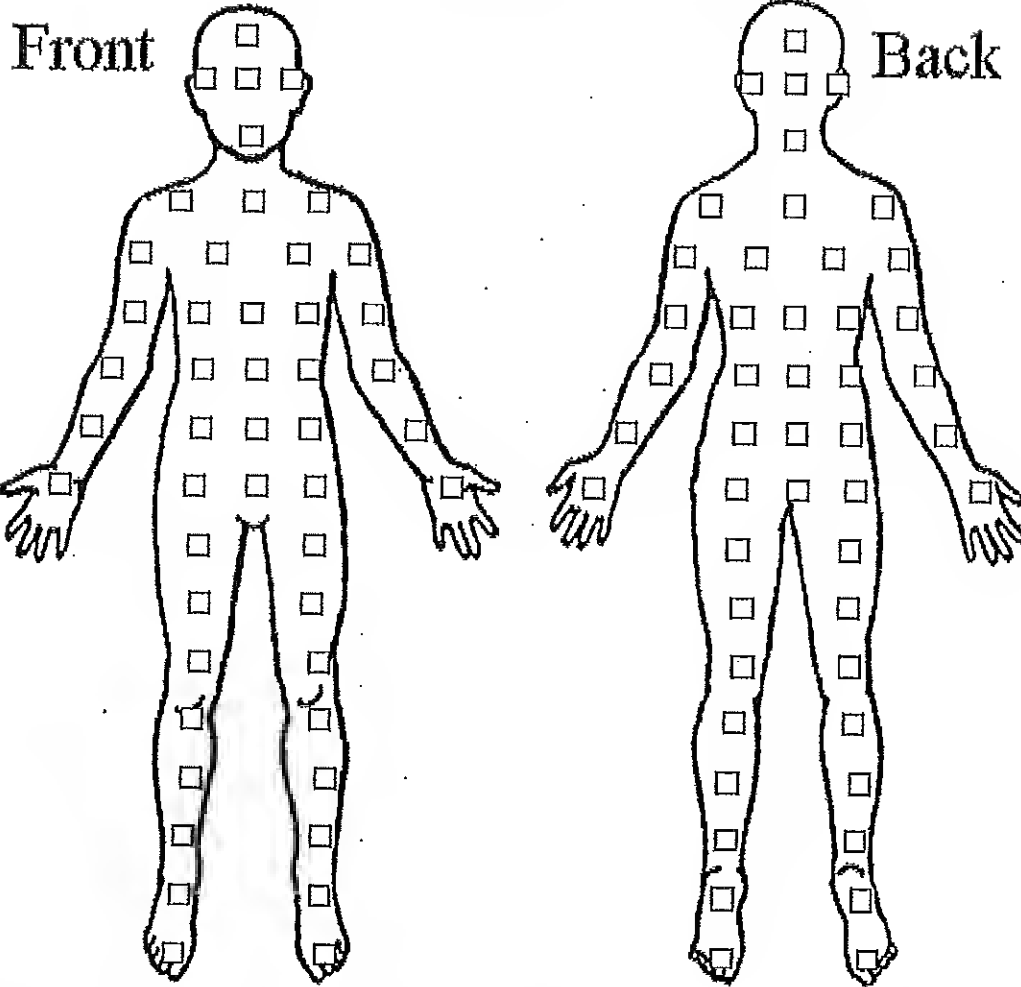
DATE: 12/10/08


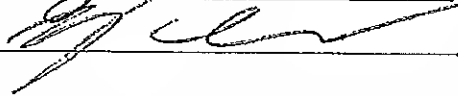
INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS:

Click the boxes below to identify the location/locations of any injuries.



WAS FIRST AID GIVEN? <u>Yes/No</u> IF YES, WHAT AND BY WHOM: _____	
SIGNATURE OF PERSON WHO PROVIDED FIRST AID: _____	DATE: _____
SIGNATURE OF PERSON WHO COMPLETED FORM: 	DATE: <u>12/8/08</u>
ADMINISTRATION SIGNATURE: 	DATE: _____
<p>*If Hospital/Doctor Treatment was required and it was an employee of the school injured, then the Bureau of Workman's Compensation Initial Injury Report plus an Authorization for Release of Medical Information Form must be filled.</p> <p>I <u>Refuse</u> Care: _____ DATE: _____ <i>Employee Signature</i></p>	

THE AUTISM ACADEMY

INCIDENT REPORT

THE AUTISM ACADEMY OF LEARNING, 219 PAGE ST., TOLEDO, OH 43620

INDIVIDUAL: [REDACTED] CLASSROOM: Purple Room STATUS: Student
DATE OF OCCURANCE: 1/23/09 TIME: 11:15 LOCATION OF INCIDENT: Purple Room

INTERVENTION(S) USED: <input checked="" type="checkbox"/> Verbal Redirection <input checked="" type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Increased Supervision <input checked="" type="checkbox"/> Block <input checked="" type="checkbox"/> Physical Intervention: Type: <u>restraint</u> <input checked="" type="checkbox"/> Behavior Plan Followed Minutes: <u>20 minutes</u> <input type="checkbox"/> Medical Assist/First Aid <input type="checkbox"/> Hospital/ER* <input type="checkbox"/> Other:	NOTIFICATIONS BY STAFF: Teacher: <u>Scott Bylow</u> Date: <u>1/23/09</u> Time: <u>11:15</u> Administrator: <u>Anthony Gerke</u> Date: <u>1/23/09</u> Time: _____ Parent/Guardian Called: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: <u>1/23/09</u> Time: <u>15:30</u>																					
INCIDENT SOURCE: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Bite</td> <td><input type="checkbox"/> Bumped Into</td> <td><input type="checkbox"/> During Transport</td> </tr> <tr> <td><input type="checkbox"/> Head Butt</td> <td><input type="checkbox"/> Heat</td> <td><input type="checkbox"/> Hair Pull</td> </tr> <tr> <td><input checked="" type="checkbox"/> Hit/Slap</td> <td><input type="checkbox"/> Insect</td> <td><input type="checkbox"/> Object</td> </tr> <tr> <td><input checked="" type="checkbox"/> Kick</td> <td><input type="checkbox"/> Pinch</td> <td><input type="checkbox"/> Scratch</td> </tr> <tr> <td><input type="checkbox"/> Push/Shove</td> <td><input type="checkbox"/> Rub/Friction</td> <td><input type="checkbox"/> Med Refusal</td> </tr> <tr> <td><input type="checkbox"/> Slip/Trip/Fall</td> <td><input type="checkbox"/> Self-Injury</td> <td><input type="checkbox"/> Splinter</td> </tr> <tr> <td><input type="checkbox"/> Stubbed</td> <td><input type="checkbox"/> Unknown/Other:</td> <td></td> </tr> </table>		<input type="checkbox"/> Bite	<input type="checkbox"/> Bumped Into	<input type="checkbox"/> During Transport	<input type="checkbox"/> Head Butt	<input type="checkbox"/> Heat	<input type="checkbox"/> Hair Pull	<input checked="" type="checkbox"/> Hit/Slap	<input type="checkbox"/> Insect	<input type="checkbox"/> Object	<input checked="" type="checkbox"/> Kick	<input type="checkbox"/> Pinch	<input type="checkbox"/> Scratch	<input type="checkbox"/> Push/Shove	<input type="checkbox"/> Rub/Friction	<input type="checkbox"/> Med Refusal	<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Splinter	<input type="checkbox"/> Stubbed	<input type="checkbox"/> Unknown/Other:	
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DESCRIPTION OF INCIDENT (prior events and/or contributing factors): <p>The student continued to ignore teacher directives throughout the morning and became aggressive when approached by Para-professional Mr. Dave. The student kicked and punched at Mr. Dave and the student was placed in a restraint, via bear hug, to prevent injury to himself or student. The student began to resist. Mr. Scott intervened and escorted him down to the safe room. After [REDACTED] calmed for 10 minutes, Mr. Dave tried to calmly talk to him about his aggression. [REDACTED] then made verbal threats about his teachers and caregivers as he then became extremely emotional. The student requested to call his biological father to discuss his frustration. Mr. Scott granted this option to quell his behaviors. During his discussion with his father, the student reported to him that Mr. Dave was trying to break his arm and supposedly told [REDACTED] that "his family did not love him." It was this moment that Mr. Scott requested to talk to the student's father and explain the situation and [REDACTED] preceding behaviors. I offered if he would like to talk to administration regarding [REDACTED] behavior. [REDACTED] father said that he will try to contact the school.</p>																						
Witnesses: _____ NAME: <u>Scott W. Bylow</u> TITLE: <u>Teacher</u> SIGNATURE: <u>[Signature]</u> DATE: <u>1/23/09</u>																						

INJURY TYPE: (Mark all that apply)

- | | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Bite | <input type="checkbox"/> Blister | <input type="checkbox"/> Cut | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Bruise |
| <input type="checkbox"/> Chafed/Cracked | <input type="checkbox"/> Insect Bite/Sting | <input type="checkbox"/> Irritation/Rash | <input type="checkbox"/> Pinch Mark | <input type="checkbox"/> Scrape |
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Burn | <input type="checkbox"/> Pressure Mark | <input type="checkbox"/> Redness | |
| <input type="checkbox"/> Other (Please Specify): _____ | | | | |

ADDITIONAL INJURY DETAILS: